

THE NORTH-WESTERN MEDICAL AND SURGICAL JOURNAL.

Vol. I.] OCTOBER AND NOVEMBER, 1848. [No. 4.

Part 1.—Original Communications.

ARTICLE I.

Medical Topography of Green Castle, Indiana, and Vicinity.

By R. CURRAN, M.D.

The town of Green Castle is the site of the Indiana Asbury University, and is situated in the central portion of the State, being the county seat of Putnam county, laying forty miles west of Indianapolis and five miles north of the national road. There are but one or two points in the state, perhaps, more elevated than the spot whereon the town stands. The geological structure of the country around is the same, or nearly the same, as that at the falls of the Ohio at Louisville, but the rocks seem to have a steeper dip, giving a more rapid and easy surface and subterraneous drainage. The knob rock, or that rugged elevation that lies upon the slate, or shale, and approaches the Ohio river, below New Albany, nearly at right angles, extending thence northward towards the interior of the state; as well as the thick stratum of carbonaceous lime-rock which intervenes between it and the coal series, on the banks of the Ohio, seem both to have thinned out before reaching Green Castle, and the coal, commencing in the western edge of Putnam County, seems to lie immediately upon the gray or fos-

siliferous lime-rock, with here and there interspersed ledges and beds of shale, new red sandstone, and drift.

Owing to the great elevation of this position, the ravines in which run the small water courses are abrupt and steep; they, in their rapid descent, having produced rather grooves in the rocks than basins or beds. The valleys of streams of larger size in the vicinity are very narrow and enclosed by low bluffs, or abrupt banks, cut into sections by deep and sharp ravines. Thus the country is well watered and sufficiently drained, and little liable to inundations from freshets, and, with the exception of some very small spots of table lands, where streams take their rise, nothing is seen to give the least idea of marsh or to produce apprehensions of malaria; still, the country is heavily timbered and exceedingly rich, producing luxuriant growths of succulent plants and weeds, which, in their annual decay, must evolve a certain amount of malaria. The character of the autumnal diseases corresponds with the inferences we would draw from this topographical survey; for, though remittents and intermittents do occur and prevail in the autumnal months, they are not general nor severe. We may attempt to explain another peculiarity in the diseases of this locality, upon this ground—there being no powerful cause to make a strong impression in any particular direction the diseases in this vicinity exhibit a greater variety than is seen in most others equally favorable to health; whatever malarial influence is felt here, seems rather to modify diseased action than to impress any peculiar type. Another peculiarity of this locality may be mentioned, which doubtless exerts some influence in modifying diseased action. That attraction exerted by elevated situations upon the clouds, is well known and is fully illustrated in this situation, this vicinity being frequently visited with gusts of wind and rain, accompanied with an active play of electricity, while surrounding places are exempt; and even in the absence of storms, the atmosphere seems to be in almost constant agitation from currents and counter currents, giving us the winds from almost every point

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of the compass in the course of twenty-four hours; all of which has a tendency to expedite the evaporation from the surface of the earth, thereby lowering the temperature and increasing the hygrometric moisture.

In such situations the capillary circulation must be disturbed frequently and on occasions violently; but this is abundantly compensated by the purifying effects produced through the agitation of the elements; whatever may be floating there, being precipitated or driven away by the elemental strife. The physical character of the country undergoes but little change by being brought under culture, except what arises from substituting the productions of modern husbandry for those that are natural to the earth in a wild state; this, if any difference, would be rather to the advantage of health. It is the opinion prevalent amongst the oldest inhabitants, however, that disease has been rather on the increase during the past twelve months—if, however, we take the statistics of mortality for the twelve months just past, it presents an aspect very favorable to the salubrity of the locality. The inhabitants of the town of Green Castle may be set down at about two thousand, including two hundred students, the average number in attendance during the past year. The number of deaths in twelve months has been about twenty-five—this gives only one and a quarter per cent. loss in the whole—while three per cent. is the estimated average loss in the population of the whole country. But we must not forget, nor would we suppress the fact, that a larger portion of this loss has been among the students in proportion to their numbers, than among the citizens. Among them there have been six deaths, giving the average of three per cent. among them and reducing it to a small fraction more than one per cent. among the citizens, and for this difference our topographical sketch would not be complete did we not attempt to assign satisfactory reasons. It is a well known fact to all intelligent medical men who have paid any attention to the history of diseases, that epidemics and endemics visit the most favored situations occasionally,

carrying alarm and devastation in their course, and then ceasing as suddenly as they appeared, without any seeming cause to produce or give them malignity. From such visitations no locality, prudence, or forecast can shield us; the most healthy situations otherwise, occasionally suffering the most severely. Typhoid fever is one of the forms of disease which in this country has committed the most extensive ravages, and whose course and manner of operating seems to be the most erratic. Though it prevails with most malignity in crowded ships, hospitals, and densely populated cities, yet it occasionally makes its way into the country and spreads all over the country until every other disease wears its livery; the slightest injury any organ or part locally may receive resulting in a fully developed attack of typhoid fever.

This is the form of fever which has prevailed here during the past few months; not indeed in a form so malignant as we have seen it in the country, but still with sufficient severity to create some alarm. The amount of sickness and number of deaths have, however, created more alarm and attracted more attention, in proportion as the thing was unusual and rare before. But the inquiry arises, why did the students suffer more than the citizens? and why did the sickness originate among those who had resided north of the national road?—there having been but little sickness and not a death occurring among those who came from the south part of the state. It may have been owing to the fact that, residing in districts abounding in a more concentrated malaria, their systems may have resisted its power until brought under depressing influences, when it developed disease wearing the livery of that which prevailed for the time, in this vicinity. The largest portion of the sickness was characterized, *ab initio*, with symptoms of adynamia, and this was the more remarkable, having fallen upon young men of firm constitutions and robust make, a large majority of whom had been heretofore accustomed to active life and laborious employments. They seemed to have entered the university, relying upon their strength of constitu-

tion, fresh from the duties of life, hard workers, and free feeders.

In the new situation of close student, the bodily labor is suspended but the feeding goes on, sedentary habits within doors are substituted for active employments without. The supply and expenditure being thus disproportioned, the body becomes incumbered with a mass of imperfectly animalized material, having scarcely sufficient vitality to bring it within the control of those physical laws by which it may be appropriated to the supply of the wastes and wants of the system. This want of vitality renders the system incapable of resisting depressing agencies which may be brought to bear upon it. Add to this, the apartments in which most of these young men have slept and spent most of their time, are low, poorly ventilated, and, during the cold weather, heated almost to suffocation with the ever abominable close stove—a room eight by ten, serving for study, dormitory, wood-house, and wash-house;—laying in these places, respiring the same air over and over again, which, by the morning is so much exhausted of its vitalizing properties, especially in that lower stratum where they recline, to which the more impure air naturally sinks, that they arise from their beds rather exhausted than refreshed, and thus they go forth with eagerness into the open air, with systems relaxed, from the double effects of close study and unwholesome situation, and at once encounter the cold damp blasts, upon a skin too susceptible to chill, from the enfeebled circulation, not only upon the skin, but all the free surfaces; from which an impression is at once received disturbing the healthy balance of the circulation, and which imparts a shock, at the same time, to the nervous system, and which being repeated daily, the vital energies under its influence, run down, until the last fragment of vital resistance is gone. This reasoning seems to apply with irresistible force when we reflect, that those who occupied high, airy, and well ventilated apartments, though they did not escape sickness entirely, had disease in a much milder form, and nearly resembling in severity, that which

prevailed among the citizens of the place;—with this difference, which, doubtless, arose from the change of habits above alluded to, that the gastric and enteric irritation were much greater. Indeed the mucus lining of the prima via seemed to be the main focus of irritation in most cases; violent and spasmodic pains continuing for a time and followed with obstinate and exhausting diarrhœa, were the usual inceptive stages of a severe attack; and this, when arrested or controlled by the use of the appropriate means, was often followed by exhausting sweats, in which the patient usually sunk with great rapidity. But to enter, at this time, further into the detail of symptoms, would draw us into a deviation from the subject upon which we set out; and as the observations we are making upon the causes of disease in this vicinity, are only in progress, not by any means complete, we shall embody in a future communication some things we had intended for this, if the present, which is extended beyond the original design, should be thought of sufficient importance for your reception and publication.

ARTICLE II.

Hernia Cerebri. Extracts from a paper read before the Indianapolis Medical Society. By G. W. MEARS, M.D.

There are, as it is well known, *two* principal varieties of this disease.

The one is congenital—presenting itself in young infants before the ossification of the skull is complete.

The *other* supervenes upon the destruction of a portion of the cranium by operation with the trephine, disease, or accidental injury.

It is in relation to the last form of the second variety, or that resulting from loss of bone and dura mater by external violence, that I now propose to speak.

With regard to the pathology of the disease in question, there is a great contrariety of opinion. Some authors contend that the hernia depends upon an effusion of blood into the substance of the brain from injured vessels. Prominent among the advocates of this doctrine stands Mr. Abernethy.

Mr. Charles Bell and some others hold that the tumor is an organized fungus; and there is still another class, with Mr. Thompson at its head, who insists that the enlargement consists of a protrusion *merely* of the substance of the brain, deprived of the support of the integuments, which, in its normal state retain it "*in situ*."

The conclusion to which a pretty thorough investigation of its nature, as well as a candid examination of the opinions held on the subject have led me is, that the tumor externally results from a determination of blood to the injured part; probably invited hither after the more violent symptoms have yielded to nature or remedial agents, in order to repair the injury. This action, if inflammatory at all, is obviously of the mildest and most passive character—perhaps more of the form of vascular turgescence or engorgement resulting, as one may imagine, rather from the vis a tergo of the heart, than from obedience to the principle "*ubi irritatio ibi fluxus*," since, in the latter case, we should look for increase of heat, pain, vascular excitement, and, perhaps, other indications of morbid excitement not here present.

Whether this hypothesis explains the phenomenon or not, it is nevertheless clear that the volume of the brain, from some cause, is increased in the vicinity of the lesion, where it finds a convenient exit; and thus we have presented to our view, some days after the removal of the bloody matter, parts of sloughed scalp, &c., &c., by the early dressings, a real hernia cerebri; a formidable looking mass of matter, corresponding in space, of course, to the opening in the cranium.

This, at one stage of its existence, is covered with a beautiful net work of healthy looking blood vessels, fixed in a very delicate membrane, which invests the protruding cerebral substance, exhibiting an instance of healthy hernia.

The treatment of this disease is properly divided into two parts. First—that which embraces the management of the wound in its earlier stages, before, and at the time sloughing takes place. I shall not detain you with this branch of the subject, as it may always be conducted on general principles, is comparatively unimportant, and in no way connected with the curative plan adopted in the second and much more important stage of the malady.

The second part of the treatment is a subject of acknowledged difficulty, and has deservedly engaged the attention of many distinguished practitioners, both in Europe and America.

Much difference of opinion must be expected to exist in regard to remedies, when views in reference to the proximate cause are so entirely discordant; and we are accordingly favored with authority for almost every kind of management we choose. The mass of authority, however, seems now to be in favor of free excision of the tumor. Sir Charles Bell and Professor Gibson are among the boldest advocates of this doctrine. The latter advises large and frequent cuttings until the tumor is reduced to a level with the head.

This plan is adopted by Dr. Stewart, of Louisiana, who is the author of one of the best monographs on the subject I have met with.

Doctor Dorsey recommends *cautious* parings of the apex of the tumor; while Dr. Physic denounces excision altogether, but advises an occasional puncture with a lancet into the mass when it becomes very large, in order to reduce it by depletion. Sir Astley Cooper relies upon pressure and aqua calcis as a local application; and Baron Larrey declares that the only case he ever knew cured in his life, was restored without either the use of the scalpel or local bleeding. He relies entirely upon simple, mild, local appliances.

In the case which came under my own observation, there had been considerable destruction of the substance of the brain at the time of the accident, and a small amount more came away with extravasated blood, contused and lacerated scalp, &c., with the first few dressings; the whole loss of cerebral matter up to this time amounting, perhaps, to two ounces. We employed the knife when the tumor had attained its greatest development, (say about the size of the section of a middling sized orange,) by paring from two to three lines deep, from its most prominent point. This was done as many as two or three times, removing at each operation, from one fourth to one half ounce of the substance of the enlargement, and distinguishing readily, at each cutting, the line which marked the cortical and medullary portions of the brain. The operation produced little or no inconvenience to the patient, and obviously reduced the tumor much more than the amount of substance removed by the knife—a circumstance depending, probably, upon the slight hemorrhage which attended the operation. From this period, the 27th day after the accident, the part went on to heal kindly; the brain gradually receding until it left quite a large cavity beneath the skull, thus marking the loss of substance sustained by the injury and use of the scalpel.

The little patient (about seven years old) recovered rapidly, but remained paralytic, to some extent, on the opposite side. Now, whether this is the effect of the original injury entirely, or results in part from the practice in the case, is an interesting inquiry. Certain is it, that a large portion of the brain is lost by the application of the scalpel, and I am not prepared to say whether such results will not uniformly follow its free use. Doct. Stewart removed, at a single cutting, nearly half the tumor in the case he reports, but he was greatly alarmed at first by the hemorrhage, and then by a train of the most distressing nervous symptoms, which required a free use of stimulants to overcome. Still he cured his case, and now ranks among the warm advocates of the scalpel.

But, notwithstanding all these favorable results, we have, on the other side of the question, the successful management of the disease without the operation; and when we hear such names as Physic, Cooper, and Larrey, with the potent argument of the revolting nature of the operation—and the additional and weighty fact that we are cutting away a part of a vital organ which may result in future injury to our patient, I think it becomes us to hesitate, at least, and examine well all chances for recovery by other means before we resort to excision.

My impression is, that when the tumor presents an elastic, healthy appearance and is covered by a vascular net work, which I presume, is generally the case in healthy subjects, it will be perfectly safe to trust the case to the light, cool, and unirritating appliances of Larrey, with appropriate general treatment. By this mild management, (which may scarcely be dignified with the name of remedy, since it is a mere quiet waiting for nature to do its work)—many cases, as we are assured on the best authority, are cured. The tumor, after acquiring a certain size, recedes and takes part in the common offices of the brain. Now, if the point is established that cases are cured without the aid of the knife; or, in other words, that the tumor retracts after a certain period of its existence, taking its former place within the skull, and then again performing its part in the function of the brain, it is very obvious to me that the position I have taken in regard to its pathology is, to say the least, tenable—It goes certainly to prove that in healthy subjects the presence of the hernia is itself an evidence that nature has commenced its curative process, and if left undisturbed by officious surgery will, in most cases, soon effect a perfect restoration, of the diseased part.

We are here presented with one of those beautiful and ever recurring instances of the recuperative energies of nature, in which she so frequently displays the riches of her resources, and often causes human skill to blush on account of the superior evidence of her councils.

ARTICLE III.

Abdominal Movements with reference to Pregnancy—their Nature and Cause. By J. E. MCGIRR, A.M., M.D., Professor of Anatomy, Physiology, and Chemistry, in the University of the Lake, Chicago.

Since the article on this subject, that appeared in the last No. of the Journal, was written, I have seen the detail of a case given by Prof. G. S. Bedford of New York, in an introductory lecture, which bears painfully yet strongly in favor of my proposition, *that it is an error to regard abdominal movements as certain evidence of pregnancy.*

A young lady, the daughter of a venerable clergyman of the Church of England became engaged to a young "barrister of promise and respectability. Soon after the engagement she began unaccountably to decline in health. There was considerable irregularity in her monthly periods; with nausea, loss of appetite, inability to sleep, feverishness, an uncontrollable dislike to society. There was also a marked change in her personal appearance, her abdomen became enlarged, her breasts increased in size, &c., &c." Her female acquaintances, noticing these changes, gave the report to the winds that they were the result of pregnancy. The young barrister to whom she was affianced, hearing them begged to be released from his engagement. This was done at once. The young lady, conscious of her innocence, was willing to submit herself to examination by a physician. One was called, and when he found "movements" added to the symptoms above detailed, he pronounced her pregnant. The father, indignant at these imputations upon his daughter's character, called in a second. His opinion was that she was pregnant. The poor, distracted old man, gathering up what of the world's goods he had, determined to start for America, where he would be beyond the reach of scandal; for he never doubted his child's innocence.

On the voyage out, she became "extremely ill," the physician on board being called to her, pronounced that "there was danger of premature delivery." When they reached New York the case was submitted to Dr. Bedford, who, after an examination made *scientifically*, pronounced, that "she was *not* pregnant.

But the balm thus poured into the father's heart could not save his beloved child from the wreck which the hasty opinion of her English physicians had wrought for her. Shame, and disappointment, and anxiety had made fearful ravages upon her delicate constitution, and she was now an incurable victim of consumption.

About four weeks from the date of this examination the Dr. was called to make a *post mortem* examination upon her. "The father stood by and witnessed every stage of the operation; his form was erect, his face pale and thoughtful, and one tear would have broken the agony of his grief. As the tumour was removed from the womb he seized it convulsively and exclaimed. 'This is my trophy; I will return with it to England, and will confound the traducers of my child.'"

But this act, which might calm his paternal grief, could not move the now still heart or mantle a blush upon the cold cheek of his immolated child. Yet what remorse must not the sight of that "fibrous tumour" swell up in the hearts of those men over the ocean, when it would be evidence to them that their erroneous decisions had sent a lovely victim to an untimely grave. If they had the feelings of men they would rather have been in the lowest depths of the sea than to have seen this damning evidence of their blunders.

A medical friend has related to me a case which also seriously illustrates the consequences which may result to the accoucheur who considers the presence of these movements as direct evidence of pregnancy.

A lady supposing herself to be in her sixth month of pregnancy, became unwell. She sent for her physician, who, since she had some manifestations of approaching labor as

she supposed, had treated her accordingly. The uterus was distended and the motions of the child distinct. She had no doubt of her pregnancy, and her physician had none. She was attacked with a severe flooding, which returning three times during a week, reduced her so low that she died before the birth was accomplished. Her husband allowed a post mortem examination to be made; but what was the astonishment when the uterus was opened to find it filled with hydatids. There was no child there!!

I have yet a few observations to offer upon the nature and causes of these movements, premising that I am indebted to Dr. T. Smith, the eloquent lecturer on the physiology of parturition, for many of my facts.

Females describe these movements as of two distinct kinds. First: they will tell you that in directing the hand over the abdominal walls, they will feel irregularities like projecting portions of the child: that these give rise to wave-like movements at the several points simultaneously and often occasion pain; and that sometimes upon merely touching one of these prominences, the child will kick so violently and so long as to render the abdomen sore and almost to rend its walls. Secondly: they will tell you that they have felt a sensation like that of an infant starting in its sleep, or like the sensation produced by a moderate electrical shock.

The first and most frequent of these motions is uterine. The second is that of the child. These movements commence at the period of quickening, and manifest themselves sensibly to the accoucheur at the fifth or sixth month.

At the latter period of pregnancy these movements are of so great violence that the term kick has been applied to them. At one time the kick is experienced at one part of the abdomen, then at another and another, until we would think the child all heels or that there was a litter of children. Sometimes the strokes are so violent as to move the bed clothes over the abdomen, or to cause the hand to rebound. Now if the child turned about in this way the chord or the placenta

could not escape injury, nor could the presentations be so generally favorable—wrong presentations would be the rule.

A moment's reflection will show us that all these movements cannot be referred to the child. It, as I have already observed, may be dead, or no child be present; the uterus may be distended by hydatids, and yet, motions may be present so as to deceive the female and her physician, or no motions may be perceptible, and still, a living child may be born.

Again, it seems an absurdity to endow a child, at the age when these movements begin, with strength sufficient to inflict so much annoyance. Indeed we sometimes find the puniest, skeleton-like little wretch charged with being the cause of more than usual disturbance; while a large and healthy child will be supposed to be less restive. If these movements depended upon the child, the reverse should happen.

Dr. Smith says there is no motor power which could excite these almost perpetual motions in the foetus. Volition, cerebral voluntary motion, before respiration has been set up, and the brain roused by arterial blood, could give rise to none, nor could emotion. Reflex actions, from the nature of the child's position in the liquor amnii, would be faint indeed.

The instances recorded of "anencephalic and amyelitic" foetuses show that these supposed movements may occur equally well when there is neither brain, nor spinal marrow present. In these cases the two "great sources" of reflex and voluntary motor actions never existed. Now if the movements were foetal and the result of motor action—we would be obliged to refer that motor action to the ganglionic nerves. That would be nonsense.

To the uterus then, and not to the child in the uterus must be assigned the seat of these movements. The instances already given shows that it cannot be the child that causes them. Now we know from observation, that the uterus is affected by a wave-like, peristaltic motion, which is marked, and which may be easily seen: and it certainly is not improper to allow the uterus, a muscle itself, the privilege of occasionally man-

ifesting the property of contraction. With our present ideas we are forced to believe that it grows passively. It does not follow that its condition requires it to remain at rest; for the contraction may be partial, and the peristaltic motions are very different from those contractions that effect the expulsion of the child.

If, then, these motions do not depend upon the child, if they are to be referred to a peristaltic action of the uterus itself, the importance of being certain whether there exists at all, a child in utero, or, if there does, whether the child be alive when the alternative is that of an operation, becomes at once evident: and the accoucheur, who values his reputation, his peace of mind, or the life of a fellow being, will never neglect so important a means of reducing doubt to certainty, as that which modern science has placed in his hands.

ARTICLE IV.

Case of Cerebral Abscess. By THOS. HALL, M.D., Toulon, Ind.

Miss H. J., aged 16, of a tall, slender, and beautiful figure, with black hair, dark brown eyes—of the nervous temperament and strumous diathesis, was attacked suddenly with paralysis, on the evening of the 22d of June. Her maternal ancestors and relatives were healthy; but the brothers and sisters of her father have all died consumptive, at the ages of twenty to thirty-five years. The history of the case, derived from the mother, is, that for six months she has perceived a slight knitting of the eyebrows—with occasional pain on the right side of the head, but usually of very limited duration; her general health was uniformly good until she first complained of the headache; and it was then so slightly disturbed

as not to occasion any alarm. She never gave the least evidence of impairment of memory; in fact, the whole of the mental manifestations were unaltered—perfect to the last. She had been afflicted with psoriasis of the left hand, at times, for five years. Her menses were regular, but for a few of the last returns, rather too abundant, and her countenance was anemic.

On the evening mentioned (22d of June) she was at a prayer meeting, and on returning home found she could not raise her left arm—no notice, however, was taken of it until the next morning, when Dr. Smith was called in, and the only manifestation of disease he could detect, was loss of motion of the right arm and leg, (sensation being perfect,) and slight pain in the head, but which was not at that time referred to any particular part—the pulse, tongue, countenance, and skin perfectly natural. He gave her cathartics, and an embrocation to the affected parts;—24th she could slightly move the leg—paralysis of the arm remaining complete—the headache still continued, which is now referred to the right side and top of the head. Constant vomiting, but no epigastric tenderness—several of the common symptoms of hysteria were present. I was now called in to meet Dr. Smith; at once I suspected lesion of the brain, but finding on examination, her appearance, pulse, tongue, pupils, and skin, perfectly natural—her intellect clear, no convulsions, no coma, I was at a loss to determine whether there was organic mischief in the head, or whether it was not altogether one of the many Protean shapes that hysteria delights to assume; on the whole, I leaned to the latter opinion, with which Dr. Smith agreed, and we thought it best to pursue a mild course. The vomiting was arrested by soda draughts; the bowels were kept open by aperients and sinapisms to the spine, &c.

26th. No apparent amendment, nor change in any way, being perceptible under the treatment, and fearing the consequences should we mistake organic disease for hysteria, we concluded to pursue a different course. Her carotids were

carefully examined by both, and not the least difference in the beat could be detected—the pupils responded to the light—the pulse natural—the pain in the head referred to the upper and middle portion of the right parietal bone. In consequence of the anemic state of the patient we preferred local to general abstractions of blood and cupped her, first in the back of the neck, then on her right temple, blistered the spine, and gave her mild doses of calomel combined with aperients. Ice was applied over the seat of pain; under this treatment her head was somewhat relieved, and the case looked favorable; but on the night of the 29th we were both called up, and found her to all appearance rapidly sinking—the surface cold—the pulse slow (40 per minute; two beats were quick, and every third beat the heart appeared to labor, contracting very slowly and with great difficulty) and intermitting—she was perfectly sensible—answered every question quickly—her pupils were natural and still responded to the lights—by the free use of stimulants she soon revived; but the pulse still remaining irregular, and being different from any I ever met with before, the opinion was again forced upon me that hysteria, if not the chief, was at least a subordinate cause of the symptoms, and that, if the peculiar character of the heart's action was produced by emotion, a full dose of morphine would bring it back to its normal condition; with Dr. S.'s consent it was given, and we left her till morning, when we found her much better—pulse natural—no pain in the head but the paralysis still remained. Her appetite now returned, and she took food freely, resumed her usual cheerfulness, laughed heartily—her countenance perfectly natural, and under a course of mild tonics she appeared to be rapidly convalescing until the morning of the second of July, when her skin was somewhat dry, and her pulse slightly intermitting—the tonics were suspended—she still was cheerful and took some food. As the day advanced, the pain in the head returned; but she chatted cheerfully with her friends until about five o'clock, P. M., when

she became suddenly unconscious, and was dead in a few minutes.

Such is a short but faithful outline of the main features of the case; and, before passing to the post-mortem appearances, I would advise the reader to pause, and, if possible from the description here given, form an opinion of the pathology of it. It is a practice I pursue in reading reported cases, and it has many advantages which I will not stay to mention.

Post-Mortem Appearances.—On removing the integuments of the head, we found slight injections of the blood vessels over the upper, middle, and posterior portion of the right parietal bone—when the skull cap was taken off, a corresponding injection was visible on the coverings of the brain; but the surface of the brain itself appeared perfectly healthy. On cutting into the cineritious portion of the brain, we found it natural; in a careful examination of the most superficial portion of the medullary matter, the right side was evidently less injected than the left, and firmer; and on making a deeper incision, we found an encysted abscess containing from two and a half to three ounces of pus, which had burst into the right ventricle; a small ulcer was visible on the upper surface of the cyst; no other morbid appearance, except a slight serous effusion under the pituitary gland.

To my mind there are several interesting features in the case; some of a general character and others personal to Dr. Smith and myself. In the first place—could we by any known method of examination have ascertained the exact condition of the disease by its manifestations during any part of its continuance? If so, we failed to do it. There is no lesion of the brain or spinal column productive of paralysis, but what was thought of and closely investigated, and it differed from every case we had seen and every case on record within our reach; it differs as widely from every case of encysted abscess in the brain recorded by Abercrombie, as they differ from each other. If paralysis marks the commencement of suppuration, which is evidently his opinion, where were the

common symptoms characteristic of the inflammatory stage? they were all absent if we except the headache, and that was far from being constant (the knitting of the eyebrows was not seen by either of us during our attendance), unless, as supposed by some, simple inflammation of the brain or its membranes may produce paralysis. What was the precise condition of the brain when Dr. Smith first saw the patient, or, in other words, what occasioned the paralysis? This question I would like to see answered; I cannot satisfy my own mind on the point, although I have thought much and read more in order satisfactorily to solve the difficulty. Another perplexing question, at least to me, is, what caused that sinking condition of the system and the singular pulse on the night of the 29th? I still think they were due to hysteria; although I have thought that if the paralysis was produced by inflammation of the brain, that condition might mark the commencement of suppuration. It is not the least remarkable feature of the case that the mental manifestations were never altered or suspended for one minute from the commencement to the termination of it; no irritability of temper; no impairment of memory; no convulsions, and no coma. In most of these, I believe it differs from every case on record, within my knowledge, where an encysted abscess has been found in the brain after death. The sudden dissolution was probably caused by the cyst giving way and pouring its contents into the ventricle.

ARTICLE V.

Poisoning by Coccus Indicus. By H. ROSENKRANS, M. D.

On Thursday last we witnessed in our town the effects of poisoning with *Coccus Indicus* on a man about forty years of age; he was a stranger who came to our town the day previous

to taking the poison. Being an inebriate, he found and drank a liquid containing it, which had been left in a horse stable, where it had been prepared in whiskey to kill lice. It was early in the day that he took the fatal draught, and before he had taken anything in his stomach. After drinking the poison he felt immediately alarmed, and complained of sickness at the stomach, and had tremor; he then started from the stable, and, after walking a few rods, fell in the street, violently convulsed, and delirious, both during and after the paroxysm; a second and a third fit of convulsions, like the first, followed at short intervals. This last convulsive fit left him in a state of deep coma, in which condition he remained till death, which followed within an hour after the draught had been taken.

Post Mortem.—Stomach tinged yellow; mucous membrane slightly contracted; heart and lungs filled with dark fluid blood. The brain was not examined, yet, from the congested face and eyes and the deep coma, we had good reason to conclude that the brain was deeply congested. The examination took place five hours after death. A want of time prevented the inspection of the brain.

ARTICLE VI.

A New Treatment for some Cases of Placenta Prævia.

The following is an extract from a letter to me, from Dr. John Wiltbank, (Prof. of Midwifery, etc, in the Med. Department of Penn. College, at Phila.,) formerly my preceptor.

After giving me a history of the case from seven and a half months, when the flooding commenced, and the means employed to control it, up to the completion of gestation, he thus continues.

"On the 2nd of July, about 9 o'clock, A.M., I saw her.

The pains were regular and tolerably frequent, a gush of blood attended every pain. Upon examination, the os was soft and somewhat dilated, and the placenta plainly felt surrounding it, blocking it up and preventing my feeling the child.

"I sat by the patient watching her with much anxiety. My plan was, to wait for the dilatation, and then to turn and deliver by the feet. At 12 M., I proceeded to act. She had lost considerable blood, and the parts were pretty well dilated. I judged from the action of the foetal heart that the child was living; and in the first presentation of the vertex. I therefore bared my left arm, introduced my hand into the vagina, then, very cautiously into the uterus, separating the placenta at the posterior right side, and ruptured the membranes.

"I found the head low down in the pelvis, so that I could neither pass my hand, nor push up the head, without risk; at the same time the flooding was tremendous, and the patient sinking. It was a moment of great perplexity; *I closed my hand, and with the back of my fist pressed firmly upon the (inside of the) perineum.* This brought on a powerful bearing pain, which in a moment forced the head through the side of the placenta, upon my fist, and both the head and fist through the soft parts. Another pain delivered the rest of the child; the placenta soon followed, the flooding ceased, and both mother and child did well. Thus terminated most happily a case that caused me much anxiety. The lady is still anemic, but is improving daily.

"Pressure upon the perineum, in such a case, is new practice, suggested at the moment by difficulties by which I was surrounded, but I should think it may be found in other cases the best way of managing them." During my pupilage, I was taught by Dr. W. that pressure on the inside of the perineum, when the pains were feeble, or at very long intervals, during the latter stage of natural labor, would increase their intensity and frequency, and I have often employed it for that purpose; pressure, then, with the palmar surface of the fingers sufficing. But we here have a new application of the principle that such

pressure will stimulate the uterus to forcible contractions, and in a situation where we require all the resources of our art.

The above extract is from a familiar letter, not intended for publication, and which I have thus used without the Doctor's knowledge.

H. S. HUBER.

ARTICLE VII.

A Case of Neuralgia. By J. GEORGE OSBOURNE, M. D., of Tippecanoe county, Indiana.

During the month of July, 1847, Mrs. G——, aged 48, of spare habit, and an inveterate smoker, was occasionally attacked with paroxysms of pain in the ball of the great toe—health otherwise good. These attacks becoming more frequent and severe, she was induced, about the first of August, to seek medical advice, and I was requested to visit her.

She informed me that she had used, without relief, stimulating embrocations and a blister to the entire toe and dorsum of the foot—meantime, the pain grew more constant and severe, when she was advised by a friend to apply a poultice saturated with the tinc. opii which produced some temporary relief.

I found the toe of the natural size and color, the pain not increased by pressure except at a minute point near the centre of the ball, from which (when pressed upon) intense pain would shoot along the course of the principal nerves of the leg and thigh—appetite good, bowels regular, skin wearing the appearance of health, great restlessness at night, considerable emaciation and debility.

I advised a gentle cathartic, to be followed with carb. ferri and pulv. valerian, each 10 grs. thrice daily, and an opiate at bed time; the bowels to be kept open with castor oil.

Aug. 5th.—No amendment; prescription continued, with the addition of frictions over the entire limb twice daily.

13th.—Symptoms no better; emaciation progressing rapidly; suspended the use of the medicine, and advised the cold douche to the limb, to be followed with frictions night and morning, and an entire abstinence from the use of tobacco.

20th.—Expressed herself as being much better; rests well at night; advised to continue the abstinence and cold douche.

Sept. 1.—Discharged; cured.

The foregoing case, I think, is strongly illustrative of the injurious effects of tobacco on the nervous system. While the patient continued to smoke, the neuralgic affection continued with increased violence, notwithstanding the free use of stimulating and anodyne applications locally and the internal use of tonics, anodynes, and gentle cathartics.

As soon, however, as entire abstinence from the use of the pipe was enjoined, the violence of the symptoms began to abate, and in about two weeks the patient was discharged, cured.

The question naturally arises, What benefit was derived from the use of the douche? or, was the cure entirely attributable to the abstinence from the use of tobacco?

Part 2.—Reviews and Notices of New Works.

ARTICLE I.

A Practical Treatise on the Diseases of Children. By J. FORTSYTH MEIGS, M.D., &c. Philadelphia: Lindsay & Blakiston. 1848. pp. 575 8vo.

Sage enfant qui connoit son père, says the old French proverb, and in these book-making days it may be not inaptly said that it is a wise volume that can trace its own pedigree. Originality is a commodity that is well nigh obsolete, and in lieu of it we have compilation better or worse. Especially is this the case in Medical Science; and the fact has become so notorious, that physicians perhaps read less than any other class of professional men, confining their efforts in the way of reading, principally to the short essays and reports furnished in the medical periodicals of the day. We are fully aware that in the above remark upon originality, we have advanced nothing new; even so far back as the days of Chaucer, to say nothing of Solomon, the same idea was entertained.

"Out of the olde fieldes, as men saithe,
Cometh all this new corn fro yere to yere;
And out of olde bookes in goode faithe,
Cometh all this new science that men lere."

Its rare to find, even in Medical Journals, an analysis of the various works from time to time issued by our enterprising publishers: we have merely a short notice—nine times out of ten entirely approbatory—containing the title, name of the author, a hasty and imperfect sketch of the table of contents, and perhaps a page or two by way of extract. Medical editors evidently esteem it too great a bore to examine attentively all the works which are furnished them by the courtesy of

authors and publishers; and as good manners forbid an entire disregard of such favors, a random compliment is inserted; but as to anything like a searching analysis, or examination of the doctrines advanced, the thing is not to be thought of. The fact is, our medical journals are somewhat faulty in this particular: physicians look to them for all news interesting to the profession, and the meager notices of books which are furnished are not sufficient to inform a physician distant from the great cities and thoroughfares, whether or not a given volume is worthy a place in his library. In consideration of this defect in the literature of our profession, we promised in our last number, to give a somewhat extended notice to the work whose title stands at the head of the present article.

It is a generally received opinion amongst mankind, that experience is necessary to excellence in any art or profession, though this opinion is often carried to a ridiculous extent, by persons who forget that talent and close observation are essential to render experience of any value. Our author has cut loose from this long established dogma, and although a junior member of the profession, has written a treatise for the instruction of both students and practitioners; and we cannot say that the task is illy executed, or that the work is a useless addition to our already extensive literature. The author has availed himself of the opportunity of consulting various English and French authorities, the latter of which, are not generally accessible, owing to the fact of their being written in a foreign language; and has collected from various medical journals many items of interest and value, which would otherwise be lost to the majority of the members of the profession. The details of his personal experience are not extensive, but we suppose they are in the main accurate. We desire, also, to bear testimony to the excellent mechanical character of the work: the paper is good, the type clear, and there is a singular freedom from typographical blunders; moreover, the price is so low as to place the work within the reach of all.

All diseases of children are classified under five general

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heads, viz: Diseases of the Respiratory Apparatus, Diseases of the Digestive Apparatus, Diseases of the Nervous System, Eruptive Fevers, and Worms in the Alimentary Canal. Class I. is divided into two chapters, the first containing a description of diseases of the upper air passages, and the second, diseases of the lungs and pleuræ. Chapter 1 treats of coryza, pseudo-membranous laryngitis, spasmodic laryngitis, and simple laryngitis. Coryza being a simple disease, and very rarely dangerous, need not detain us. Concerning the section on croup, we have somewhat to say. In the first place, we object to the nomenclature employed by Dr. M., as radically faulty, and tending to convey a false notion of the pathology of the disease under consideration. Pseudo-membranous laryngitis, would seem to designate a complaint affecting exclusively or principally the larynx, and attended with, or marked by, the exudation of false membrane. Now that croup has its principal seat in the larynx, we are by no means disposed to admit, and in support of our assertion we have the weight of modern authority. Stewart, Dewees, Evanson and Maunsel, Elliotson, Watson and Williams, regard the trachea as being the organ most frequently implicated; Condie regards croup as a laryngeal-tracheitis; Bell seems to regard it as primarily affecting the larynx, and the same view is taken by Bichat, and John Mason Goode, the latter of whom, seems to have very indefinite notions of the disease. Dr. M. himself, admits that, in, perhaps, two thirds of the cases, the larynx and trachea are both involved. Now, in nosology, as in any other branch of science, a name should designate something of the nature of what it stands for; and although tracheitis may be an objectionable term for croup, we conceive that pseudo-membranous laryngitis is much more so. Were croup principally a disease of the larynx, we might hope great things from tracheotomy, against which, the weight of British and American authority is decided, and in our opinion conclusive. Should Dr. M. still see fit to object to the old name of tracheitis, we would commend to his notice the term used by Dr.

Condie, as being nearer the mark than the tremendous cognomen he has seen fit to employ. We object to regarding pseudo-membranous croup, and spasmodic croup, as two separate and distinct affections: we deny that the fact of the exudation of false membrane is sufficient to distinguish one inflammation from another, or that the spasmodic action of the muscles—unless such spasm is totally independent of other pathological conditions—is sufficient to authorize a writer to introduce a new species into nosology. In ophthalmia it is a common thing to see effusion of lymph into the anterior chamber of the eye (now the false membrane of croup is nothing more than organized lymph); but we apprehend that an author would be considered as given to unnecessary refinement, who would designate those cases accompanied with effusion as constituting a disease distinct from ordinary ophthalmia. It seems to us, that what our author designates as pseudo-membranous laryngitis is a severe form of croup, and the spasmodic variety, the same disease in a milder form. As an author, writing in an age when most subjects of interest have been fully discussed by the ablest members of the profession, Dr. M. may be anxious to present something that shall bear the impress of novelty and originality; but he should not forget, that in our profession he renders a service who simplifies what has heretofore been complicated, and that the improvements in medicine and surgery have generally tended in this direction. Now the praise of simplicity and conciseness is something we cannot award to the technology of the article on croup. That part which refers to the treatment of this severe and dangerous complaint, we believe to be judicious. One article is recommended as an emetic, which, so far as we know, is not in general use amongst us: we refer to the alum; the advantages of this remedy are thus set forth by the author:

The alum is given in powder, in the dose of a teaspoonful, mixed in honey or syrup, to be repeated every ten or fifteen minutes until it operates. It is very seldom necessary to give a second dose, as one operates in the majority of cases very

soon after being taken. I have known it to fail to produce vomiting only in two instances, both of which were fatal cases. In one the disease had gone so far before I was called, that no remedy had any effect upon the stomach. In the other, it was administered several times with full success, but lost its effect at last, as had happened also in regard to antimony and ipecacuanha. The reasons for which I prefer alum to antimony, or ipecacuanha, are the following; antimony, when resorted to as frequently in the disease as I am of opinion that emetics ought to be, is too violent in its action; it prostrates many children to a dangerous degree, and is, I fear, in some cases, itself one cause of death. It acts injuriously upon the gastro-intestinal mucous membrane, when used in large quantities, and for any length of time. Again, it is very apt to lose its effects and produce sickness. Ipecacuanha is a much safer remedy than tartar emetic, but its operation is often too mild, and it also ceases to produce any effect after it has been used several times. The advantages of the alum are, that it is certain and rapid in its action, and that it operates without producing exhaustion or prostration beyond that which always follows the mere act of vomiting. It does not tend like antimony, and in a less degree ipecacuanha, to produce adynamia of the nervous system; an effect which, in some constitutions or states of the constitution, or when it has been exhibited frequently, is often attended with injurious or even dangerous consequences. I have given alum in the dose above mentioned, twice and three times a day, for two and three days, without observing any bad effects to result from it. The alum was given in all the cases that I have seen, in which emetics were used, and was the only one employed when it was found to produce full vomiting, with a single exception, one of the cases accompanied by violent angina, in which ipecacuanha was substituted because of its smaller bulk. I have already said that it failed to produce vomiting only in two instances. It was the emetic employed in the three cases in which fragments of false membrane were rejected, and in that in which the yellow viscid fibrin was expelled. Although it did not occasion the rejection of membrane in the other cases, it operated most speedily and efficiently.

While on this part of the subject we will take occasion to make a remark or two on the literary character of the work. It is a notorious fact that the technology of the medical profession is peculiarly barbarous: this is, perhaps, owing in a

great degree, to the fact, that the ancient works on medicine were put forth in the dead languages, and that up to a comparatively recent period, the Latin language was the universal medium of communication amongst the learned; and it was natural to suppose that many terms derived from these languages would still be retained; but books are now written in the vernacular language of the author, and it should be the aim of every writer to use as plain and simple language as the nature of the subject will admit, and as few technicalities as possible. It is true that it would be an advantage to all physicians to obtain a liberal education, and especially to be familiar with those noble languages, the Latin and Greek; but in the United States, and especially the Western States there are many reputable practitioners who know little of any language save their mother tongue, and the wants and capabilities of this class should be considered. But, taking the thing on broader grounds, it is stated by Lord Kames as a rule in criticism, that no one is authorized to introduce a new term, unless there be no word in the vernacular that will equally well convey a correct and definite idea of the thing to be described. Now we suggest that *foot-bath* is quite as definite, expressive and euphonious a term as *pediluvium*, and so of *manuluvium*: following our author's fancy for magniloquence, we suppose hip-bath would be *coxæluvium* and a bath proper, a *totiluvium*. Every Greek scholar knows that *prodromus* is synonymous with *precursor*, but we doubt whether this is a fact generally known. The fact is, we think the employment of such terms smacks of pedantry, a something which we thoroughly dislike, and, although we do not hold Dr. M. accountable as the inventor of such terms, we must hold him, as the lawyers say, *particeps criminis*.

We pass from the consideration of croup to bronchitis; and here again we are free to commend all our author has put forth, save his nosology. Here we have "*acute bronchitis* of moderate severity," *acute suffocative bronchitis*, and sub-acute or chronic bronchitis. We confess ourselves unable to see

the necessity for the distinction drawn between the first two forms of this disease; it would seem to us as well to call it mild bronchitis, and severe bronchitis; and following our author's taste for minute sub-division, we could make out more species of fever than Cullen ever dreamed of, if every accidental complication were to be considered as constituting a distinct disease. No system of nosology can be formed that would correctly indicate to a practitioner the course of treatment to be pursued; unless he be one of those who go through a routine sort of practice: any accidental complication produced by constitutional peculiarities or other causes, must be left to the well informed judgment of the attending physician; and if he have not the ability to provide against such difficulties as they arise, no nosology however skillful will help him out of his trouble.

The article on pneumonia of children is prepared with great care, and is doubtless a highly valuable treatise on a disease the peculiarities and complications of which, many of our physicians have not sufficiently studied. The distinctions of different conditions of the lungs can be drawn with greater clearness than those of other organs of the system, and yet we have known many passing for respectable practitioners of medicine, who possessed a very scanty knowledge of the science of auscultation. Towards the close of the remarks on pneumonia, we are presented with a discussion on the use of tartarized antimony. Our author condemns the common mode of exhibiting this energetic therapeutic agent. He thinks physicians are in the habit of using this drug in too large quantities. There is no doubt that in children the mucous membrane is often extremely sensitive, and there is danger that gastric irritation may be excited by an incautious use of this remedy; but from a pretty extensive experience we are inclined to suppose that the danger is not usually so great as he seems to apprehend. We have used this drug pretty freely in pneumonia, bronchitis, and those cases of measles in which the stress of the disease fell upon the respiratory apparatus; and, in

reviewing our practice, we see little to regret as to the use of tartar emetic. We think if a physician will watch his cases closely, there is little danger of any severe mucous derangement occurring; and we are free to confess that we would be at a loss in treating ordinary pneumonia or bronchitis, were we to be deprived of this drug which possesses such powerful control over the heart's action; nor can we easily believe that from half a grain to a grain in twenty-four hours, administered to children from two to four years of age, would produce much impression on a disease so severe in its character, and rapid in its progress as pneumonia. Nevertheless, we concur in recommending to the young practitioner a proper degree of care and watchfulness in the administration of all such powerful therapeutic agents as antimony. All physicians who have had extensive experience in the treatment of pneumonia as it occurs in children, must have met with cases in which the diagnosis was a matter of difficulty. The following cases are instructive examples of the insidious forms which this disease sometimes assumes:

I may mention, in illustration, that I attended a boy six years old, who, for three days, suffered from violent fever, and excruciating headache, which last was the only symptom complained of. There was neither cough, expectoration, nor any marked acceleration of the respiration. After three days the headache moderated, and he had slight pain in his side; on examination, I found him laboring under well-marked lobar pneumonia. Another child, four months old, was suddenly seized with convulsions, followed by fever, vomiting, excessive irritability and drowsiness, so that I supposed the case to be one of meningitis. After the third day, the cerebral symptoms having moderated, and cough, with dyspnoea, making its appearance, I detected the existence of extensive lobular pneumonia, of which the child died a few days after. In April, 1847, I was called to see a boy nineteen months old, who had been taken sick with slight fever, a little hoarse cough, and mild pharyngitis. After remaining in this condition for five days, he began to be drowsy and very irritable; the surface became pale, and the extremities rather cooler than

natural. From the sixth to the tenth day, there was great somnolence, the child sleeping nearly all the time; when waked from sleep, he was always exceedingly irritable and cross, scarcely opening his eyes, and then shutting them again immediately, to avoid the light, which was evidently painful. During this time he took scarcely any food, but little drink, and vomited several times freely; the bowels were moved without medicine; the surface remained very pale, and the extremities often cool; the pulse was frequent and small; the respiration perfectly regular, and therefore attracted no attention; there was *no cough* whatever. Under these circumstances, I hesitated between regarding the case as meningitis, or hydrocephaloid disease, as described by Dr. M. Hall. I took the latter view, however, and treated it with small quantities of brandy, cold to the head, and the frequent employment of mustard pediluvia. From the eleventh day the child began to improve; it would open its eyes from time to time, and look round for a few moments; the face began to show a slight degree of color, and the palms of the hands which had been white and transparent, exhibited a tinge of the natural pink hue which they have in children. Observing about this time that the respiration was accelerated though perfectly free and regular, and without cough, I counted it, and was astonished to find it 80 in the minute. I now examined the chest carefully, and finding slight dulness on percussion with bronchial respiration, over the inferior half of the left side behind, immediately understood the nature of the case: it was one of latent pneumonia, simulating hydrocephalus. The child was now treated for pneumonia, and after an illness of twenty-seven days longer, recovered perfectly. As the case progressed, the rational signs of pneumonia were more and more apparent, the cough becoming frequent and painful, and after a time loose, while the cerebral symptoms gradually disappeared.

In addition to these cases I have met with three others, two in children within the year, and one in a child between one and two years old, which, during the early stages, resembled very closely the invasion of cerebral disease. Attention, however, to the rate of the respiration and the physical signs, and the presence of slight cough in two of them, revealed, after a little hesitation, the true character of the attacks. The third case, which occurred in the child within the year, was unattended by any cough during the first few days, and was, therefore, very obscure, until my attention was attracted by an acceleration of the respiration, when the physical signs, and

at a later period, cough, explained the real nature of the attack. I may remark, in addition, that in all these cases, the absence of constipation, the infrequency and short duration of the vomiting, and some clearness of the intelligence when the child was fairly roused, though but for a few moments, from its state of somnolence, were other motives for doubting the attacks to be meningitis.

The portion of the work devoted to pleurisy and hooping cough presents nothing new or peculiar except the use of alum in the latter affection, which remedy we recommend our readers to try. By the way, speaking of hooping cough, we have often thought it singular that our art has done so little towards cutting short the career of this troublesome complaint. Perhaps the very fact that it is very seldom dangerous, has led physicians to bestow very little attention upon it.

We come, in the next place, to speak of what we consider by far the best part of the volume: we refer to the division treating of diseases of the digestive organs, and we apprehend that the reason of the superiority of this section is owing to the author having had more experience in the treatment of diseases of these organs than in any others. It is in medicine as in every thing else—experience alone can give readiness and a decision in the application of principles. In no class of infantile diseases does the physician so much need an intimate acquaintance with various modes of treatment, and the light derived from experience, as in some of the bowel affections of children. We recollect hearing the wife of a distinguished gentleman offer as her reason for employing a homœopathist, what she stated as an acknowledged fact, that the regular physicians could not cure the summer complaint. Now although we do not agree with her in this sweeping denunciation of the faculty, we are free to confess that we have long esteemed cholera infantum as one of the *opprobria medicorum*: but we are anticipating. The diseases of the digestive organs are divided into those of the mouth, throat, and stomach and bowels. We have in the first chapter, erythematous stomatitis, follicular stomatitis, ulcero-membranous stomatitis, stomatitis

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with curd-like exudation and gangrene—pity that our author had not a word of ten syllables to substitute for gangrene.

In societies where children are raised according to nature, malignant diseases of the mouth are happily infrequent. It is only in crowded cities, unhealthy locations, in hospitals, or when children are deprived, by casualty or design, of the food nature has prepared for them, that we have a great deal to do with dangerous stomatitis, and consequently this chapter has comparatively little interest for us who practice in communities where civilization and her handmaids, vice and poverty, have not attained so great a degree of perfection as in the great cities of Europe and America. We commend this part of our author's work as embodying the results of the observation and experience of the French physicians who, doubtless, have the best opportunities of noting the misfortunes entailed by iniquity upon suffering innocence.

Many of our readers have no doubt been often perplexed by having patients who rejected everything taken into their stomachs, and who were, for this reason, in positive danger of death from inanition. We recommend the following preparation commended by our author, as forming a good combination of animal and vegetable aliment,

I would recommend in these cases a diet which I have found to agree better with children deprived entirely of the breast, than any other that I have ever directed. I have employed it now, in a great many instances, and believe it to be the best substitute for the natural aliment that I am acquainted with. It is made by dissolving a small quantity of prepared gelatine or Russian isinglass in water, to which is added milk, cream, and a little arrow-root, or any other farinaceous substance that may be preferred. The mode of preparation, and the proportions are as follows: A scruple of gelatine (or a piece two inches square of the flat cake in which it is sold) is soaked for a short time in cold water, and then boiled in half a pint of water until it dissolves,—about ten or fifteen minutes. To this is added, with constant stirring, just at the termination of the boiling, the milk and arrow-root, the latter being previously mixed into a paste with a little cold water. After the addition of the milk and arrow-root, and just before the removal from

the fire, the cream is poured in, and a moderate quantity of loaf sugar added. The proportions of milk, cream, and arrow-root, must depend on the age and digestive power of the child. For a healthy infant within the month, I usually direct from three to four ounces of milk, half an ounce to an ounce of cream, and a teaspoonful of arrow-root to a half pint of water. For older children, the quantity of milk and cream should be gradually increased to a half or two-thirds milk, and from one to two ounces of cream. I seldom increase the quantity of gelantine or arrow-root.

I have given this food to a great many children for upwards of a year past, as well to those brought up entirely on hand, as those partly suckled, or weaned, and can truly state that they have thriven better upon it than upon anything that I have ever employed. In several cases it has agreed perfectly well with infants who could not, without vomiting, diarrhœa, and colic, take plain milk and water, cream and water, any kind of farinaceous food prepared with water, chicken water, or in fact any other food that had been tried. In the cases of sick children, it ought sometimes to be made even weaker for a while, than in the first proportions mentioned above.

We have next, diseases of the digestive tube. These are divided, and we think the division admirable, into functional diseases, and those attended with appreciable anatomical lesions. Upon what pathological condition functional lesions depend, is often a difficult problem to solve. We say that they depend upon irritation of the nervous extremities; but this is not so much a definition, as a mere statement of the question in another form. In this department we have still much to hope from pathological researches. In our author's article on the indigestion of infants, much stress is laid on the quality of the nourishment received by the child from the mother or nurse, and wholesome admonitions are given on this point. He justly ascribes the majority of the cases to improper food, and "bringing up by hand" as it is termed. We have not infrequently seen persons present to infants a piece of fat, rank bacon to suck at; and when afterwards, as was natural to suppose, the little thing rejected the contents of its stomach, or screamed with the colic, the disorder was attributed to the milk souring on the stomach, and a dose of paregoric

or Godfrey's cordial, was philosophically sent down to settle the difficulty, and the same course pursued from day to day, until confirmed indigestion was produced. Our author's direction for the treatment of this disorder, we conceive to be highly judicious—we cannot believe with him however, that the diagnosis is so simple as he seems to suppose. Most affections of the bowels in children pass in the community by the designation of summer complaint; and we fancy this is the case occasionally amongst medical men; and that children are *dosed* from day to day with calomel in order to cure a cholera infantum that has no existence save in the imagination of the practitioner. We commend the remarks on the food proper in infantile indigestion. There is no greater humbug than the notion of an exclusively vegetable diet, either for adults or infants. We hold that vegetable, and especially farinaceous food is less adapted to the use of patients suffering from indigestion, than one almost exclusively animal. Milk is as much an animal diet as roast beef, and we cannot but believe that the teachings of nature are safer guides for practice than the speculations of dreamy enthusiasts, for such we must consider the advocates of vegetable diet: but we cannot now discuss a question which would lead us so far from our subject. We take our leave of indigestion with this caution to the young practitioner: when you have a case of bowel complaint to treat, consider well whether you had not better substitute iron, quinine, and port wine for calomel and acetate of lead.

We have next a disquisition upon diarrhoea, and a very sensible one. The author discards all the arbitrary and unnecessary divisions of this complaint into feculent, bilious, lenteric, etc.; it would be just as useful to and scientific to speak of green apple diarrhoea, and preserved quince diarrhoea. In the treatment of this disease, Dr. M. presents nothing new or of special interest; we therefore pass on to diseases of the intestinal tube, accompanied by appreciable anatomical lesions. The first of these is gastritis: idiopathic gastritis is of rare occurrence in adults, and we presume even

less frequent in infants. Under this head is a discussion of the much mooted question whether or not softening of the stomach ever occurs during life: Abercrombie inclines to the opinion that it never does: but, from the opinions cited in this work, we are inclined to think it does.

We come next to speak of a very common and fatal affection of childhood, designated by the author entero-colitis. To show the frequency and fatality of this affection, the following extract is subjoined:

Entero-colitis is one of the most frequent of children's diseases. It appears from a table published by Dr. Condie, (*Dis. of Child.* note, p. 89,) that in the ten years preceding 1845, there were 6068 deaths in Philadelphia under fifteen years of age, from diseases of the digestive organs; of this number 4786 were from diarrhoea, dysentery, cholera infantum, and inflammation of the stomach and intestines, and as entero-colitis exists in by far the greater part of these diseases, we may understand how extremely frequent an affection it is. The deaths from affections of the digestive organs during the period referred to, constituted about a fourth of the whole mortality under fifteen years of age; whilst those from diseases of the brain are stated to have been rather more than a fourth, and from diseases of the respiratory organs nearly a seventh. It appears, indeed, that entero-colitis, in the form of diarrhoea, dysentery, cholera infantum, or what is called in the bills of mortality, inflammation of the stomach and intestines, is by far the most fatal disease of childhood. We may appreciate yet more accurately the importance and frequency of the disease, by reference to the statements of Rilliet and Barthez, who say (t. i, p. 483,) that, taking into consideration all the cases they observed, including tubercular cases, they find that of every two children that die, one presents a more or less serious lesion of the large intestine. They add: "if it be recollected that this holds true particularly in regard to younger children, it will be seen that it is rare for a child to die between two and five years of age, without having either colitis or softening of the large intestine." Bouchut states that entero-colitis is one of the most dangerous affections of children at the breast; "It is the most common of all those incident to that age." (p. 210.)

This disease is very elaborately discussed, and the treatment recommended is in the main judicious; we take occasion, however, to dissent from the author's recommendation as to the use of calomel. We can hardly believe that from one to four grains given in a single dose, and followed up by a laxative, will produce much impression on a violent attack of this complaint. The employment of purgatives for the cure of this disease, we believe to be founded on a mistaken pathology; and calomel, to produce a good effect, must be given as an alterative, not as a purgative. The author's plan of administering opiates is commendable. It is true that many physicians object to their employment; but we have so often seen good effects follow their administration, that we cannot hesitate to recommend them. We would be pleased to notice this article at greater length, but are fearful of exceeding our prescribed limits.

The next article embraces a history and treatment of cholera infantum. It appears from statistics given in the volume, that this is one of the most frequent and fatal affections of childhood, being most fatal during the first year of life. This being the case, dentition is not so frequent a cause as might be supposed; though it doubtless exerts considerable influence. The other principal causes are improper aliment, the heat of summer, unhealthy location, and hereditary predisposition. Perhaps the most powerful predisposing causes are impure air and heat, for we find this disease producing the greatest ravages in the large cities, and prevailing almost exclusively during the summer months; whereas, if dentition were sufficient to produce it, we would often meet with it during the winter months, which is not the case. A disease of the importance of cholera infantum is not to be slightly passed over, and we shall therefore offer no apology for the insertion of the following extract treating of the nature of the complaint:

From the description of the anatomical lesions already given, it appears that the most characteristic and constant morbid alterations are *development* and *ulceration* of the follicular

apparatus of the stomach and bowels. The mucous crypts are stated to have been much developed in the stomach only in one instance, and slightly developed in three. They were not ulcerated in any. In the small intestine they were more frequently affected, having been found numerous and distinct in two cases; distinct only in the ileum in two, and only in the duodenum in one; and as slightly developed in nine. In two only were they slightly ulcerated. Of 14 cases, therefore, in which their condition in the small intestine is mentioned, they were much developed only in two, and ulcerated in the same number. In the remaining cases, the alterations were slight, or observed only over a small part of the bowel, generally in the ileum or duodenum. The agminated glands were natural in 6 cases, more developed than usual, and generally reddened in 6, and not ulcerated in any. Of 12 cases, therefore, in which their condition is described, they were developed in half, and natural in the remainder. In the large intestine the crypts are stated to have been developed in all the 17 cases. In 10 of these they were ulcerated, in 4 not ulcerated, while in the remaining 3 their condition as to ulceration is not mentioned. To recapitulate: the follicles are noted as having been developed in the stomach in three cases, as ulcerated in none; in the small intestine they were numerously developed in two cases, more slightly so in twelve others, and slightly ulcerated in two; in the large intestine, they were developed in all, and of 14 in which their condition as to ulceration is mentioned, that lesion was noted in 10. It is clear, therefore, that the follicular disease is most constant and extensive in the large intestine, less so in the small bowel, and but seldom present in the stomach.

As to *Inflammation* of the mucous membrane, we found that of 16 cases in which the state of the membrane was noted in the stomach, that lesion was present to greater or less extent, generally very slight in 6, while in 10 the tissue was pale and natural; of 16 cases in which its condition is noted in the small intestines, it was found inflamed, usually in the duodenum or ileum only, in 7, while in 9 it was noted as pale; the condition of the mucous membrane of the large intestine as to inflammation is mentioned in 15 cases, in 9 of which it was more or less inflamed throughout, in 2 the inflammation was confined to the rectum, in 4 it was slight. Inflammation was observed much the most frequently and extensively therefore in the large intestine, only half as frequently in the small intestine, and to a much smaller extent, and in a rather smaller proportion of cases in the stomach.

Softening existed to a greater or less extent in the stomach, in 10 out of 14 cases in which the condition of the mucous membrane as to that lesion was noted; of 12 cases in which it was sought for, in the small intestines, it was present in 5, slight in all, while the membrane was natural in the other 7; of 11 cases in which it was noted in the large intestine, it was present in 9, absent in 1, while thickening existed in the remaining case. Softening existed in the stomach and large intestine in about three-fourths of the cases, and in the small intestine in rather less than half the cases.

As to the other abdominal organs, it was ascertained that the liver, which has been thought by many authors to play so great a part in the pathology of the disease, was much enlarged only in one case; and that the mesenteric glands, spleen, and kidneys were healthy. The brain, on the contrary, generally presented some injection of the membranes; and in most of the cases which proved fatal in the third stage, there was extensive disorganization of its substance from softening.

For my own part, I am disposed to believe that cholera infantum is a disease of the mucous membrane of the alimentary canal, which, beginning with morbid development of the mucous follicles or crypts, independent of *evident* inflammation, occasions first supersecretions from those organs, and after a time runs into inflammation and its results, ulceration, softening, and thickening. That it is not an inflammation in the beginning, is, it seems to me clear, from the nature of the anatomical lesions, and from the facts that the early stage is often unaccompanied by any febrile movement whatever, and is not unfrequently attended with disposition to collapse, like that which occurs in the cholera of the adult; but that it becomes an inflammation, after the development of the follicular apparatus has lasted a short time, is also, I think, apparent, from the nature of the anatomical lesions and from the circumstance that there is always more or less violent febrile reaction after the first few days.

From this it will be seen that our author lays little stress on the part the liver has been supposed to play in this disease, and in this we believe he has done good service to the profession. It has been too much the custom to lay all the blame upon the liver; it has been made the scape-goat for all the sins of the abdominal organs; hence calomel has been the alpha and the omega of treatment, much to the detriment of the profession,

and the profit of charlatans. Our author has conferred a benefit upon us, by his endeavors towards a better pathology, and one for which we sincerely thank him. The course of treatment he recommends for this disease, embraces a wide range of therapeutical agents, amongst which we are rather surprised to see that he makes no mention of the alkalies and alkaline salts, which play so important a part in the practice of British physicians. We have often seen nausea allayed in the most prompt manner by carb. sodæ, when opiates, brandy, calomel, and poultices had all failed.

We omit a notice of the article on dysentery, as it presents nothing striking or original; and pass to the consideration of the section devoted to nervous diseases. These, like the diseases of the abdomen, are divided into those marked by anatomical lesions, and those which are not. Under the first head we have tubercular meningitis, cerebral congestion, hemorrhage, and acute hydrocephalus; he gives but casual mention of chronic hydrocephalus, an affection which, though rare, is certainly more frequent than hemorrhage, and perhaps as much an idiopathic complaint as ascites. In the present state of medical science, the diseases of the brain and nervous system are involved in considerable obscurity, and conclusions drawn by medical theorists are to be received with caution; but we believe our author is fully up with the latest doctrines and discoveries, and has given us a faithful abstract of the opinions of the French physicians. The article on tubercular meningitis is thorough and able, laying down faithfully all that is known of the nature and treatment of a disease almost universally fatal. Cerebral hemorrhage must be a very infrequent affection in children; and we can hardly see the necessity for the insertion of an article treating upon this subject, in a work of such limited extent as the present. We have not space to consider this class of diseases at greater length, and pass to diseases of the nervous system, unattended by appreciable anatomical lesions. These are, according to Dr. M., eclampsia or convulsions, laryngismus stridulus, contraction with

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rigidity, and chorea. The article on convulsions is written with care, and embodies the opinions of the highest and latest authorities. Reference is made to recently promulgated opinions of Marshal Hall, which we apprehend are not generally known to the profession in this country. We append an extract to show the importance attached by this distinguished author to the condition of the glottis in convulsions.

Dr. Hall ascribes great importance to the condition of the glottis in convulsions. He says (p. 323), in speaking of epilepsy, "The second symptom is a forcible closure of the *larynx*, and *expiratory efforts*, which suffuse the countenance, and probably congest the brain with venous blood." At page 327, he says, "A spasmodic affection of the larynx has obviously much to do in this disease (epilepsy), as well as in the crowing inspiration or croup-like convulsion of infants; so much, indeed that I doubt whether *convulsion* would occur without closure of this organ." In describing the croup-like convulsion or laryngismus stridulus (p. 180), he says: "I must repeat the observation that the respiration is actually arrested by the closure of the larynx; and that there are forcible expiratory efforts only, or principally, in the actual convulsion."

In a recent publication Dr. Hall says: "without closure of the larynx, extreme laryngismus, and the consequent congestion of the nervous centres, there could, I believe, be no convulsion! This closure of the larynx must be complete, in the affection under consideration, (laryngismus stridulus,) as in all others, before convulsion *can* take place." (*Braith. Ret. from Lancet*, June 12, 1847, p. 609.)

We confess that this does not seem altogether clear to us; but the whole subject is one involved in much doubt, and we take our leave of it by observing that we do not see the advantage gained in nosology, by the substitution of the term eclampsia, for the old and much more expressive cognomen, convulsions. Greek may be more intensely scientific than Latin; but for ourselves we shall not adopt the former just yet. We pass over the articles devoted to laryngismus stridulus, contraction with rigidity, and chorea.

The next division of the work is devoted to a consideration of the eruptive fevers, scarlet fever, measles, smallpox, and

a section devoted to considering the necessity and propriety of revaccination. Scarlet fever is usually considered under three forms, simple, anginose, and malignant, which distinctions our author discards; substituting therefor a different classification; treating it under the heads of *regular* and *grave*. We plead guilty of not being able to see the improvement he has made. *Simple* and *Anginose* are expressive; and we submit that malignant is as good a term as *grave*. On page 468 we notice what is either a typographical error, or a great oversight on the part of the author in the statement of his cases. We have here a discussion on the use of cold affusion in this disease, and without entering into a consideration of its propriety we subjoin an extract from a letter written to Dr. M. by Dr. Corson of Pennsylvania.

"On the 16th of July, 1845, I was called to see a little girl four years and nine months old. She had been sick a day or two. The case began with vomiting. The eruption has been out since morning (now, 6 P.M.); redness the most intense, all over, that I ever saw; pulse as rapid as it could be to be counted. The mother had been alarmed during the last few hours, in consequence of delirium and jerking, which she feared was the prelude to convulsions. There was tumefaction of sub-maxillary ganglions; tongue ferred, with projecting red points; breath hot and offensive. When she found some one holding her wrist, she started from her dozing state, and being somewhat afraid of the 'doctor,' went off immediately into one of the most terrific convulsions that I ever saw. It lasted, in spite of ice to the head, or rather iced water *constantly* poured upon it, almost half an hour. I stayed with her, had her undressed and placed two nieces of mine (her mother being one) by her side. A large tub of water with cakes of ice, at least a peck, floating in it, was brought into the room, and during the *whole* night, these two persons bathed her from head to foot with the water from this tub, applying it by means of large sponges, it was to me a most painful case (independent of the convulsions), but in order to be certain that I had a case fit for the trial of the ice, I had my brother (a physician practising at Norristown, where the disease was very fatal) brought at 10 P.M., to see the case, and to say whether it was the same as those that had for a

few weeks been carrying off some of the finest children in Norristown, and terror into every family. He assured me it was one of the most violent character, and that she would in all probability not live till morning. She was at this time free from convulsions, but in a muttering delirium. As I had perfect control in the case, I assured him that she should live if I could quench the fire that was burning out the vitals, by the use of ice. Not a moment did the attendants whom I had placed by her intermit their labors. Before midnight reason had returned, and her mother said she was more herself than she had been the whole day. I had gone away, but returned at sunrise, and found her cooled off perfectly. There was scarcely the least appearance of eruption, the head was cool the skin was cool, the intellect clear, and pulse moderate in frequency and force. She had been made unable to drink for many hours, and her tongue, which had been very much cut during the convulsion, was so swelled and sore, that I could obtain no view of the throat. I now directed the mother to intermit the sponging, doing it only once in every two hours, until I returned. My return was delayed until 4 P. M., when I found that the heat of skin, frequency of pulse, eruption and delirium, had all returned. She was moving her hands as if feeling for something, slowly protruding and withdrawing the tongue, and muttering. She did not notice her mother's questions, and was apparently unconscious to all that was going on. We threw on the water, ice-cold, in the utmost profusion, and lapped cloths dipped in the water around the neck, changing them every minute or two. We poured it upon the head constantly, holding a large basin under to catch it. In one hour, reason returned. We continued it until the eruption almost disappeared, until the child shrank from it, and until she was ready to shiver with cold. I now gave her cream of tartar and jalap, directed the water to be used just as was needed to keep down the heat, and had no further trouble with her. I forgot to say that so soon as she could swallow, cold drinks and ice were kept in the mouth. She took no more medicine. The wounds in the tongue healed up kindly."

The article on measles is a good abstract of the diagnosis, complications and treatment of this disease, but presents nothing worthy of special remark. We hardly see the utility in presenting in a work upon the diseases of children, an arti-

ele on smallpox; and the more especially in a work like the present, of limited extent. We think there are some other diseases of more frequent comparative occurrence in children than variola, concerning which our author has given us no information. We have no account in this volume of scrofula, rickets, or cyanosis; nor anything on diseases of the skin. Every young physician is liable to be called upon to give advice upon the hygienic management of children in health; and we think our author could have furnished something upon this subject that would have been more useful than a treatise on a disease elaborately discussed in all the standard works on the practice of medicine. At the close of the volume are a few pages devoted to the consideration of entozoa. His remarks on these are sensible and judicious; but present nothing new or striking.

We subjoin one or two general remarks, by way of closing this notice. For the amount of matter it contains, this little volume is rather a good one. The arrangement is generally good, and the style in which it is written, is in the main worthy of commendation, if we except an occasional tendency to pedantry, and a display of *out-of-the-way* terms and phrases. We have already hinted that there are matters contained in it, which need not in these days be inserted in a work on the diseases of childhood; and that some things are omitted, which might have been properly inserted: but in making these remarks we are not unmindful that this is a first edition, and that should it reach a second, the author will doubtless aim at making any amendment that may occur to him as being necessary.

We have thus set down what occurred to us during the perusal of this volume; and we have endeavored to say our say in a spirit of fairness and impartiality; freely commending what we thought well done, and frankly pointing out what we believed could be done better.

E. G. M.

Indianapolis, October, 1848.

ARTICLE II.

A System of Human Anatomy, General and Special. By ERASMUS WILSON, M. D., Lecturer on Anatomy, London. Fourth American, from the last London edition. Edited by PAUL B. GODDARD, A. M., M. D., Professor of Anatomy and Histology in the Franklin Medical College of Philadelphia. Philadelphia: Lea & Blanchard. 1848. pp. 376. (From the publishers: for sale by Keen & Bro., Chicago.)

The fact that this most excellent work has been so generally adopted as the text-book of Anatomy in this country as to require and justify the publication of four editions in as many years, is sufficient evidence of its popularity. We have always, since its first appearance, recommended it as affording the most concise, clear, and minute descriptions of any book on Anatomy. Since the publication of the first edition, as each has appeared in quick succession, additions and improvements have been made, some by the author, and others no less valuable by the editor; so that it may now be said to be equal to any, if not the very best, work upon this important branch of medical science. H.

ARTICLE III.

On Bandaging and other Operations of Minor Surgery. By F. W. SARGENT, M. D. Philadelphia: Lea & Blanchard. 1848. pp. 379. (From the publishers: for sale by Keen & Brother, Chicago.)

As a general rule, books which are intended to give but the mere outlines of a subject are objectionable, from the fact that they afford to students and others the means of gaining a passable amount of information upon the subject treated of, with-

out labor or much mental effort, to the exclusion of better works and more laborious research.

Taking this view of the matter, we were not favorably impressed with the title of the work before us; but we are happy in being able to state that upon a more thorough examination of the book, we have become convinced that it contains much valuable information upon bandaging, instruments, apparatus, and the methods of performing minor operations, such as bleeding, arresting hemorrhage, closing wounds, introducing the catheter, &c., not to be found in more elaborate treatises, but which, nevertheless, is of vast importance to the young surgeon.

H.

Part 3.—Selections.

ARTICLE I.

On certain Forms of Headache. By Dr. MURPHY.

[In an essay read before the South London Medical Society, the author described the following varieties of headache: 1st, Periosteal headache; 2d, Rheumatic headache; 3d, Nervous headache; 4th, Anæmic headache; 5th, Congestive headache.]

1. Periostitis of the cranium is seldom met with unless after a mercurial course, in a scrofulous constitution, and is generally found to invade either the coronal or parietal bones.—The diagnosis of headache arising from this cause, although not difficult, has sometimes been erroneous. The pain is severe, and confined to one or more of the localities above mentioned; it is increased at night in bed, by stimulating drinks, and by pressure. A raised surface can be detected at the site of the pain, and on inquiry it will be found that more than one course of mercury has been given. The treatment should consist in the application of the emplastr. hydrargyri spread on thick leather, and the exhibition of the iodide of potassium with morphia and tincture of digitalis.

2. Another form of headache is the rheumatic or fibrous, which is located in the tendon of the occipito-frontalis, the temporal aponeurosis, and tendinous insertions of the muscles at the back of the head. It is usually preceded by rheumatism of other parts, and is increased by muscular movements. Warm coverings, when they can be applied, usually relieve it, also sinapisms; and, if the pain is very severe, leeches and cupping, and a few doses of calomel with opium, seldom fail to give relief. Gout may also attack the same parts, but may be diagnosed by our previous acquaintance with the habits of our patient. In both cases, the pain is intermitting, changes its locality, and is felt to be external, and the health is not affected.

3. The next form belongs to the class of spinal irritation, is very frequent, and met with exclusively in females during the menstrual periods, and attacks mostly the left side of the head; the pain is intermittent, shooting, and lancinating; may be

fixed for days, and is most severe at the temple (when it is termed *clavus hystericus*), and next at the parietal protuberance and occiput: it proceeds from the sub-occipital nerve, and, if the exit of the nerve is pressed upon, pain, more or less severe, is complained of, extending along the whole course, or at certain sites only of the nerve—as at the temple, nape of the neck, parietal protuberance, &c.: it is usually increased during the menstrual period, and is generally a complaint of unmarried females, between the 23d and 35th years of life, and is indubitably a form of hysteria. The menses are usually profuse or difficult, the bladder irritable, and there are ill-defined, painful sensations about the pelvis; and three forms of neuralgia co-exist. The irritation of the sub-occipital nerve must be traced to the ovaries, being only present where these exist, and while capable of fulfilling the function of menstruation; and our treatment must be primarily directed to remove any congestion, or irritation of these peculiar organs; and, secondarily, to lessen the pain of the nerves. The author advises the daily use of hip-baths, or sea-bathing, where possible; attention to prevent accumulation in the rectum; abstinence from stimulants; mental employments; inf. valerian c. digitalis, with pills of assafoetida; occasionally, general or only local bleeding; and when these fail, a gentle mercurial action, the cold bath being during the time omitted. As local means, he recommends belladonna plasters, veratrine ointment, sinapisms, or blistering. When, however, the patient is exhausted by leucorrhœa or profuse menstruation, with symptoms of chronic inflammation of the womb or ovaries, the treatment becomes more doubtful; but the author prefers the trial of a tonic treatment, and advises the exhibition of the valerianate of zinc and quinine as especially efficacious, and the sulphate of iron in infusion of valerian when there are evidences of confirmed chlorosis. This headache may be termed the *nervous* headache; it also assumes another form, which may be termed the *cutaneous* headache, and is the hemicrania of our forefathers: it seems to be located in the integuments of one half—usually the left side—of the head, which is so exquisitely sensible as scarcely to bear the least touch of the finger, and the pain never passes the mesial line.

4. Another form of headache is that arising from deficiency of blood within the cranium, and coming on after hemorrhages, exhausting discharges, or any other debilitating causes: the best examples arise in chlorosis. It is increased by the erect, diminished by the recumbent posture; it is not a very painful

form, but is often attended with impaired vision; its cause may be traced to diminished muscular power of the heart, which palpitates on slight exertion: there are also dyspnoea, pale face, and other symptoms of a feeble circulation, with a sinking pain at the epigastrium, and craving appetite. If the true cause of this headache be mistaken, and depletion used, paralysis has been known to supervene; but if the debility be removed, the muscular power of the heart is easily increased, and the most useful remedies are, steel by itself or combined with quinine, full diet, and the recumbent posture.

5. The last form of headache alluded to by the author arises from excess of blood, and may exist as a passive or congested, or as an active or inflammatory state. The former, arising from various known causes of congestion, is diagnosed by the constant heavy pain at the anterior part of the head, increased by the recumbent posture, sense of chilliness, slow, feeble pulse, tendency to vomiting, and pain in the lumbar region, caused by congestion of the spinal cord. It is a dangerous form of headache, and has, in the depressing diseases, proved fatal in a few hours; but, in other cases, has lasted weeks without much mischief. The treatment should be to induce reaction as soon as possible by the warm bath or an emetic. If the headache persists with hot skin, leeches to the inner nares will be found of value; applied to the temple, they debilitate without relieving the pain in the head, and they are altogether inadmissible when this co-exists with typhus or scarlatina. Blisters may also be applied, and diaphoresis produced by the usual means; cold applications to the head the author considered useless, and even likely to increase the congestion. Care is also requisite that mere congestion should not, by the use of stimuli, be forced into inflammation, which is the next stage, if resolution or fatal termination does not take place. The author regards idiopathic phrenitis as a most rare disease, and hydrocephalus acutus as congestion, not inflammation. Phrenitis is well marked by the tensive pain increased on stooping, by the bright eye, hot skin, nausea and vomiting, tendency to delirium, and occasional twitching of the muscles of the face; the most active antiphlogistic measures should be used.

There were other forms of headache easy of diagnosis, but of these the author would only mention the constant pain of the head in children, with emaciation and want of sleep, and which diagnosed tubercles of the brain. In the headaches of pregnant females, referred to the centre of the head, and at-

tended with a remarkably small pulse, and in which, if bleeding is neglected, convulsions, abortion, and too often death, are apt to supervene; and, lastly, the pain of the head occurring after a night's debauch, the cause of which, whether in the stomach or affected organ, the author considered not to have been sufficiently investigated.—*Med. Gaz.*, in Rank's Ab.

ARTICLE II.

On the Medical Treatment of Cataract. By WM. G. SMITH, M. D. Communicated, by letter to JAMES BRYAN, M. D., to the College of Physicians and Surgeons of Philadelphia, Pa.

[We invite the attention of our readers to the following letter of Dr. Smith, communicated by James Bryan, M. D., President of Physicians and Surgeons, and Chairman of Committee on Surgery. Dr. Bryan has published several cases of Cataract successfully treated upon the plan laid down in the following communication, and we understand that he has several now under treatment, which promise the same success as have attended his published cases.—*Ed. Buff. Med. Jour.*]

To the President, Officers, and Members of the College of Physicians and Surgeons of Philadelphia:

In the month of April, 1848, I sent a letter to Dr. James Bryan, your President, in which I gave an account of the medical treatment which I adopted in a case of cataract, which, together with several other cases of cataract cured by Dr. Bryan, and remarks on the same by him, have been published in Dr. Houston's valuable Medical Journal (July number, 1848.) Having since had two other cases of cataract, which I have cured by medical means, I think it my duty to report them, to be read at one of your meetings.

When I say that I have cured two cases of cataract, I do not wish it to be understood that the patients had entirely lost their sight. You will perceive by reading the cases, that they could see a little when placed under my care.

I am aware that the editor of a medical Journal in your city has said that my curing a case of cataract was "all hum-

bug." I hope it has not come to this, that a man must be put down because he has done what some other men supposed impracticable; if it be so, slow will be the advancement of medical science. This is a time of free thought, and it is the duty of every medical man to think and act for himself, and not be trammelled by any man or body of men. But I have said enough on this point.

Case 1st—May 4th, '48.—Mrs. D., aged 23, of delicate appearance, called on me to inquire if I could do anything to help her sight. She said she had been a hard-working woman, had taken care of a large number of boarders for a long time, doing the washing, ironing, and cooking for the whole of them, in consequence of which her eyes had been much exposed to the blaze and heat of a large fire. She could not distinguish her own children from others, even when in the same room, unless they were close at hand: she could see best in cloudy days, at the close of day, and in the morning when she first waked up: everything she saw appeared to be in a cloud. She complained of pain in the head and eyes. Tongue was coated, bowels costive, no desire for food of any kind. By looking into the eyes I saw (instead of that black appearance which we see in the pupil of a healthy eye,) a dirty appearance, being more observable in the centre of the pupil than at the circumference; the lens of the left eye being more opaque than that of the right.

I then told the woman and her husband who was present, that the disease was cataract, and that there might be a chance for improved vision. They then told me that they had called on a physician of this place, who, after examining her eyes, said that the disease was cataract. I then directed her to wear a pair of gray glasses during the day, and remain quiet in a room moderately dark; to live on a farinaceous diet, with half a pint of milk daily.

May 5th.—Applied four large foreign leeches to the external angle of the left eye, and three to the external angle of the right, applied a blister behind each ear, and at night gave her six grains of blue mass, followed, the next morning, with two compound cathartic pills, which operated well.

May 6th.—The pain in the head and eyes is diminished, blisters have drawn well; still she has no appetite. Gave her the following powder three times a day until the 17th instant, when the mouth became sore: hydrarg. cum. cret. grs. ii, sup. carb. soda iv grains, and sulp. quinine grs. ss.

May 7th.—Feels some better. Applied five leeches to external angle of right eye, and three to external angle of left eye, which bled freely.

May 8th.—Eyes and head feel much better, and can see better, bowels regular, tongue clean, and appetite improving; blisters behind the ears have healed: I now put one on the back of the neck, which drew well.

May 9th.—Patient is comfortable. Can now distinguish her children from others in any part of a light room. She continued her medicine, kept the blister discharging until the 17th, when I suspended the mercury and continued soda and quinine, and, in addition, gave two grains iodide of Potassium three times a day. I this day, May 17th, applied three leeches to the external angle of each eye, and placed a blister behind each ear. I continued her present medicine until the 29th May, occasionally moving the bowels by sulp. magnesias and senna, and keeping a free discharge from the blisters which I applied, alternately, behind the ears, and to the back of the neck.

May 30th.—I called on her; said she could see well, and also felt well. I then discontinued all treatment. Before I left the house I saw her pick up a small cambric needle from the floor without the aid of glasses. This day she read a letter and wrote an answer to the same. She now, July 28th, does the work for her family, consisting of ten persons.

Case 2d.—May 9th.—Mrs. H., aged 50, called on me, complaining of pain in her head and eyes; said she could see but very little, and remarked that objects appeared to be in a mist. She has been subject to rheumatic pains in her limbs and head, with severe pain at the same time in her eyes. Her uncle has been blind, with cataract in both eyes, for the last fifteen years. She says she is afraid she shall be blind from the same disease, because, for several years past, she has suffered with the same symptoms as did her uncle for several years previous to his loss of sight.

Present state:—pulse strong and full; plethoric state of the system; bowels costive, tongue little coated, moderate appetite; pain in the limbs, joints, head, and eyes; cannot see any better than Mrs. D. The eyes presented the same change as those of Mrs. D., and the lens of each eye as much altered in color, the left one being the worst. As she could not remain in the place, but must return home, I advised her to send for her physician as soon as convenient, and request him to bleed her thirty ounces from her arm, which she did, and also to

apply 12 American, or 6 foreign leeches in the immediate vicinity of each eye, and a blister behind each ear, directed her to take an infusion of salts and senna, with ten drops of the wine of colchicum seeds, every other morning, so as to procure three evacuations during the day, and to take 6 grs. of blue mass every night; to live on bread and water, keep in a moderately dark room during the day, and wear gray glasses. She came again to see me on the 19th of May, and reported herself much better, had not applied the leeches, being unable to procure any in her town, but sight was improved a little. I immediately applied 4 large Spanish leeches to the external angle of each eye, the bites of which bled freely for 8 hours. She then becoming faint, I was obliged to arrest the bleeding. The next morning she left for home, with instructions to take the medicine as before, the mercury to be suspended when the mouth became sore, and to live on bread and water. *May 28*—sent me word that the mouth was a little sore, had discontinued the mercury; and that all of her bad feelings and pains had left her, and her sight was rapidly improving—sent her word to take only the salts and senna every third morning, keep blisters discharging, and to live on a more nourishing diet. *June 12*—this woman called on me, and reported herself well. I then examined her eyes, and found that the opacity was entirely removed. Last week I saw this woman's relations, who informed me that she could see as well as when I last saw her.

I believe any medical man, after reading the above cases, and those published by Dr. Bryan, will come to the conclusion that there are some forms of cataract which may be cured, in their early stages, at least, without an operation. This being the fact, I think it is the duty of every medical man, when a case of cataract is brought to him, to do all that he can to arrest or remove it by constitutional and local means, and not say, 'I can do nothing; you must wait till the cataract is matured, and then run the risk of an operation.'

All writers on diseases of the eye concur in the opinion that cataracts may be produced by congestion, common or rheumatic inflammation of the different coats, or internal structure of the eye, their formation being attended in those cases with all the symptoms indicating an unusual determination of blood to the head, and frequently a general fulness of the system. This being the fact, why cannot those cases of cataract be removed in their early or immature state, by alteratives, counter irritation, and antiphlogistics?

Again, the eye contains specimens of all the animal tissues, and, of course, the same morbid changes take place in it, in consequence of inflammation, as in other parts of the body, and are as frequently removed by the same remedies. When we have inflammation of the pleura, we have the secretion lessened, but most frequently there is an effusion of serum, and, sometimes, an excess of the nutritive secretion appears on the exterior of the membrane in various forms, and the lung may become secondarily affected. Now, inflammation produces the same morbid changes in the crystalline capsule, (which is a "sero-vascular membrane," and which "contains lymphatics on its inner or serous portion,") in consequence of which we may have capsular cataracts, and, if the lens becomes secondarily diseased, we may have capsulo-lenticular cataract. All physicians know that bleeding, purgatives, calomel, &c., will cure disease of the pleura, and regulate its secretions; and why will not the same remedies remove the same morbid changes in the crystalline capsule and lens, if resorted to before the absorbing properties of the capsule are much altered by disease? Sir David Brewster regards cataract "as a disease which arises from the unhealthy secretion of the aqueous humor," and thinks that cataract may be cured in its early stages; and in proof of this, he adduces the case of his own eye, in which the disease had made considerable progress, and was cured by paying the greatest attention to diet and regimen, and abstaining from reading at night, and all exposure of the eyes to fatigue or strong lights. (You will see his views on this subject fully explained on the 626 and 7th pages of Lawrence on the eye, by Hays, published 1847.)

Allow me to say, in conclusion, that the treatment of cataract by medical means, I learned from Dr. James Bryan, while attending his valuable lectures on surgery, during the last winter.

Very respectfully yours,

WILLIAM G. SMITH.

GREAT FALLS, N. H., July 31st, 1848.

Buffalo Med. Jour.

ARTICLE III.

Case of Hæmaturia—Death—Carcinoma of Bladder. By AUSTIN FLINT, M. D., Professor of Principles and Practice of Medicine in the University of Buffalo.

The following case, which came under observation a few weeks since, is reported from brief notes made at the time of its occurrence: G. J. P., aged about 60; had generally enjoyed good health, but of late had presented a pallid aspect, and *had complained frequently, more especially at night, of sharp cutting pains in the lower part of the abdomen*; applied on the 4th ult. for advice, stating that for two or three days his urine had been bloody, and that he was then troubled with some dysury. On examination of the urine, made shortly afterward, it appeared to contain considerable blood. On the evening of the same day, being requested to visit him, I found him in great distress, and unable to void urine except in very small quantity. He succeeded, however, by his own efforts, in relieving the bladder shortly after I entered the room. An enema of starch and tinct. opii was directed, should the dysury return.

On the 5th, found he had suffered much from strangury during the night. The anodyne enema had not been administered until morning. Was now sleeping, and the urine had escaped abundantly during his sleep. The bed appeared deluged with blood. He suffered much through the day from strangury, and the urine continued to be very bloody. Prescribed infus. uvæ ursi, copaiva mixture, laudanum enemas frequently repeated, and hip baths. There was no pain, nor tenderness in loins, but sensitiveness to pressure over hypogastric region. Up to the 13th he continued to suffer greatly from difficult micturition, the bladder, however, relieving itself, for the most part, under the influence of anodyne enemas, which were repeated at short intervals, and of hip baths, or fomentations. The quantity of blood gradually diminished, and the urine assumed nearly its natural appearance. The copaiva mixture, after a couple of days, was omitted, and the tinct. mur. ferri freely given. The uvæ ursi and mucilages were continued. There was no febrile movement, and his muscular strength was not much impaired. On the 14th he passed a very distressed night, and the urine again became very bloody. Dr. A. S. Sprague saw the patient with me

several times on this day. The pulse on this day became very feeble, so as scarcely to be felt; the skin was cold, and the muscular force much prostrated. On getting out of bed to make efforts to relieve the bladder, he fainted, and his family were obliged to call in assistance to remove him from the floor to the bed. On examination of the hypogastrium, the distended bladder could be readily felt, and, from its want of resiliency, it seemed to be filled with a solid mass. The suffering from dysuria was extreme. Dr. Sprague attempted to introduce a catheter, but on passing it a short distance, the instrument encountered an obstacle which could not be overcome, and the attempt occasioned excruciating pain. The treatment consisted in the free administration of opiates by the mouth, and per ano. He continued to experience great agony up to the time of his death, which occurred on the morning of the 15th.

On examination, after death, the bladder was found largely distended with coagula, and a fluid resembling bloody serum. The exact amount of contents in weight was not ascertained, but the coagula alone, as it was estimated, amounted to between two and three pounds. The amount of hemorrhage, it would seem, was sufficient to have caused death. The contents of the bladder exhibited no evidences of decomposition, showing that the effusion was recent. It probably occurred on the 13th, when bloody urine re-appeared, and the patient presented the alarming prostration mentioned in the history.

On removing the bladder, the lining membrane appeared thickened, but no traces of inflammation or vascular injection were apparent. At the inferior portion near the urethral orifice, was a circular patch nearly as large as a half dollar, of carcinomatous degeneration. It was somewhat elevated, perfectly white, and of a medullary consistence. No ecchymosis was apparent, nor could any orifice into a vessel be discovered, whence the blood might have escaped.

In the only case, in addition to the foregoing, of excessive hæmaturia which has fallen within the knowledge of the writer, there was found, on examination after death, malignant disease of the mucous membrane of the bladder.

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ARTICLE IV.

Anti-Mercury and Anti-Mineral Doctors.

Within a few years, there has appeared among the American people a hybrid or mongrel race of physicians—or of men who aspire to the honorable term—whose main reliance for success in business consists in the repudiation of the mineral preparations of the *Materia Medica*. As far as they possess any correct notions of medical science, these anti-mineral doctors owe all their enlightenment to the standard works of the regular profession. It is on the sole ground of the resurrection of an entombed prejudice that they fix their hopes of notoriety and of patronage from society. The ancient idea of the Galenicans, or followers of Galen, that remedies obtained from the earth were in all cases injurious to the human system, and that vegetable substances alone were proper to restore men to health when afflicted by disease, has been drawn out of its dark and putrid resting place, and made the object of a fond idolatry by these *herb and root doctors*. And by puffing and paint, fastian and foolery, they have so dilated the form and discolored the features of their idol, as to render it difficult of recognition. But after all this lavish pains-taking to create a *living something* out of a *dead nothing*, there remains but one consolation for them, which is this, that their credulous stolidity has mistaken a dead lion's skin for a living dog. Solomon said, and perhaps they remember this—if, indeed, they ever have troubled their weak heads with what Solomon has written—that a living dog is better than a dead lion. Now, the dog can bark, and, if you let him, may bite you; but a dead lion can neither threaten you by his menacing presence, nor lacerate your flesh by his onset.

By what characteristic are these anti-mineral doctors distinguished? We answer, by six very noticeable attributes of character.

First.—By an obvious defect of a sound elementary education;

Second.—By their illogical mode of reaching their distinctive conclusions;

Third.—By their vituperation of the regular profession;

Fourth.—By their appeals to popular prejudice;

Fifth.—By their quick and spontaneous amalgamation with every current tom-foolery of the day; and

Sixth.—By the limited range of their favorite scheme of practice.

Perhaps there is no one point connected with the general experience of mankind more patent than that of exclusiveness and intolerance attaching themselves to restricted mental culture. Ignorance is the mother of bigotry; a mind unblessed by the genial light of a liberal education is always a mind rigid and sterile, incapable of enlarged views, and ever fixed in its narrow conceptions. One of the most significant fruits of a liberal education is the flexibility acquired by the mind for a ready adaptation to the reception of truth, in every varied phase in which it may be offered. It should be a matter of no surprise to a philosophical observer to find that these men, who are denominated botanical practitioners of medicine, are of crude mental culture; that their primary education is exceedingly restricted; and consequently that their faculties are undisciplined, their conceptions low and puerile, while their vanity is inordinate, with a correspondent contempt of the intellect of those who do not symbolize with them in their peculiarities of thought.

As a resulting phenomenon of defective education, these "root and herb doctors" display a wonderful innocence in matters of logic. They seem incapable of making two propositions cohere, or of drawing a correct inference from well established premises. Thus, in despite of anatomy, of physiology, and of pathology, they strenuously contend that no mineral substance must be administered to a sick person. Anatomy disproves this position. The bony structure of man is essentially mineral, as far as the strength of the bones is concerned. Phosphate of lime is the earthy material of osseous formation—but phosphate of lime is composed of phosphoric acid and lime: lime is composed of oxygen and calcium. Calcium is metallic; consequently the bones contain a metal as the basis of their composition. Again, the blood of man contains various salts, such as the chloride of sodium and potassium, carbonate of soda, phosphate of lime, soda and magnesia, sulphate of soda and per-oxide of iron. Deprive the blood of these mineral substances and the animal perishes; diminish the normal quantity of these materials and you have disease. Therefore, as in some cases of disease there does exist a comparative destitution of earthy matters, and especially of iron in the blood, enlightened reason dictates the administration of such mineral substances as may supply, through the vital processes, such absence of the healthy ingredients of the circulating fluid.

The brain of man contains phosphorus, soda and iron, in minute quantities. Is it wrong, in certain nervous affections, to supply nature with these substances, which, if needs be, may be aidant of her want?

And what does physiology teach us in reference to this point? Take, for instance, the ingredients which enter into the dietetic support of man, and do we not find common salt, chloride of sodium, an indispensable article, deprived of which the digestive and assimilative organs utterly fail in the performance of their functions? And this mineral substance enters the human blood, and there plays an important part in its physiological relations. Iron is always a part of healthy blood, and is constantly entering the circulation through our aqueous and solid aliments.

What is water, in its purest state? Certainly not a vegetable production: it resembles inorganic or mineral substances, far more than vegetable. But man never partakes of perfectly unmixt water: it is always impregnated with earthy or atmospheric ingredients, whether taken in the form of spring, well, hydrant, or cistern water.

And the atmosphere, what is it? Not a vegetable, but a fluid, composed of oxygen and nitrogen, with a small portion of carbonic acid gas. It resembles mineral bodies nearer than it does vegetable.

Pathology teaches that diseases is an unnatural event, and not a mere excess of physiological action. The idle disputation indulged in by some speculators, respecting the final cause of disease, can never conduct to a true view of its proximate character. Thus, to aver that fever is but an effort of nature to get rid of some peccant material, is a daring violation of all just philosophy. Why should the physician talk thus, when his direct relation to disease lies in an entirely different direction than that of such transcendentalism? He is called in, not to tell his patient that disease is blessing, that nature is dealing very beneficially with him in the pains and agitations of his frame, and that she must be let alone in her gentle inflections. This is as good philosophy as to say that a mob in civil society is a good thing, for it is nothing more than the vis popularis reacting against an evil. Or that the *populi fax*, like the peccant matter in the blood, needs a discharge, and that in the one case we have a fever, in the other a mob: one an insurrection against the laws of the body politic, the other against the laws of the body corporal.

Disease is an evil, a violation of the laws of nature, a de-

parture from the physiological processes of the animal economy, and must be met by foreign influences—by agents not natural but medicinal; not hygienic, but therapeutical.

These agents, whether obtained from animals, as cantharides and musk, or from vegetables, as quinine, ipecac, opium, &c., or from minerals, as iron, salt, mercury, antimony, &c., are all endowed, as far as they possess curative powers, with an energy in virtue of which they arrest disease and restore health. The activity and permanent effects of a medicine do not depend upon its mere mineral, animal, or vegetable, but upon its inherent properties, and on its capacity for combination. Thus opium as derived from the poppy is inherently active in the production of narcotic effects. But its curative properties are increased by detaching, from its combination with the other elements, morphine, and combining this active element with a mineral acid, such as sulphuric, or muriatic.

Do we cure disease by water? This is not a botanical remedy. To be consistent, these men must abandon water altogether in the treatment of burns and other injuries, and never apply it, in cases of fever, to the surface of the body. But the steam doctors do apply warm water and give warm aqueous drinks, which only proves that they are so little capable of logical reasoning as to contradict their own professions of being exclusive "root and herb doctors."

"Botanicals, steamers, eclectics, root and herb doctors," for by these various appellations are these doctor-errants known in society, however they differ in other respects, yet in this one particular they all agree, namely, in abuse of the regular profession of medicine. They luxuriate and revel in obloquy, and esteem it high merit to traduce with endless vilifications "the mineral doctors," the "mercurial doctors," or, in other words, the regular faculty of physic.

"Still runs the tongue, in raging vein,
E'en to the dregs and squeezings of the brain;
Strain out the last dull droppings of their sense,
And talk with all the rage of impotence."

The reiterated appeals made by these men to popular prejudice, and their ceaseless efforts to enlist the sympathy of the public in their behalf, explicitly declare that they feel conscious of their inability to rest their pretensions on the permanent basis of science. There is an unobtrusiveness about science utterly at variance with the spirit of gasconading evinced by these irregular practitioners. A man devoted to scientific in-

quiries, who delights in the disclosures of truth in nature, is apt to cherish such a self-respect as will forbid all idle parade and vamping assumption.

But the empirical pretender is ever addicted to self-adulation: the music of his praise, uttered by his own tongue, is ever vibrating on his ears, and all men may take knowledge of him that he is steeped, up to the lips, in the muddy pool of his own vain glory. Thus immersed in the stagnant waters of his own egotism, the quack is forever prating to all upon whom he can inflict his vain talk, that he is veritably King Log, sent down from Jupiter to reign over all the fenny region about him.

The endless twaddle about mercury in which the "botanicals" indulge, is replete with two precious qualities of mental greatness; a vast conception of their own wisdom, and an utter aversion of any improvement. They remind us of the man who gravely asserted that he would never employ a doctor who so far felt his ignorance as to have recourse to books; for as he assured us, no man is fit to practice medicine who believes that he does not know enough to carry him through life, without learning any more from authors. Or, like the "colored doctor" who gained great notoriety among us several years ago, these "root and herb doctors" feel assured that it is all a *gift*—whether from heaven or the demon Paracelsus, it does not require a diviner to determine.

The "botanicals" have a strong affinity for anything extraordinary. Thus they greedily devour all the wonders of animal magnetism, and finding their "roots and herbs" to fail in curing disease, they readily fall to work on the devices of Mesmer. Hocus pocus comes in as succedaneum to lobelia; for while one stirs up the bile and the bowels, the other etherializes the soul, so as to make it quiet under the tribulation of the body.

Lastly, these "eclectics, botanicals, steamers, and root and herb doctors," have reached the *thule ultima*, the uttermost boundary of medical skill. They cure pleurisy without bleeding, by shaking the chest well with a lobelia vomit; remove the effects of an injury to the head by urging more blood to the brain by the same potent herb, and extirpate a choleric by making the bowels of the patient "untwist themselves" by their delectable "Indian physic."

Is a woman in labor, with rigid os uteri? puke her with lobelia. Is a baby cholicky? be sure to give it the same that was good for the mother to hasten birth. Is there retention in

the placenta? do not manipulate in any way, but force the after birth by making the woman strain well in the act of emesis.

The lancet, cupping, leeching, blistering, with mercury, antimony, salts, sulphur, iron, the preparations of lead, zinc and copper, and the mineral acids, are all to be abandoned. At whose command? The driveler replies, at the mighty behest of Magnus Apollo, the sage author of that profound system of physic, denominated Thomsonianism; or of that equally captivating and wise scheme of doctoring men, called Beechism. Mighty sons of Apollo, let all hear thy voice and submit to thy guidance!

Lo! thy dread empire, Chaos! is restored;
Light dies before thy uncreating word:
Thy hand, great Anarch! lets the curtain fall,
And universal darkness buries all.

H.

—*Western Lancet.*

ARTICLE V.

Anthropo-toxicologia. Cases; with remarks. Read before the Alabama Medical Society, April 3d, 1848. By C. E. LAVENDER, M.D. of Salem Alabama.

Not being able to find, in the works of Nosologis's, a name which conveys what I conceive to be the cause and pathological nature of the following cases, I am forced to adopt, or rather to coin from Greek, a word somewhat in accordance with my views. If I rightly apprehend the nature of these cases, my limited reading does not enable me to remember any recorded cases similar to them. Nor have I been able to find any allusion to a pathological condition, which I have supposed to exist in these cases. I make these remarks at the risk of being written down a very limited reader. I incur the risk however, with the hope of being enlightened on the subject; and for the purpose of excusing myself for the apparent pedantry of employing, in this advanced age, a new term in medicine.

The term *Anthropo-toxicologia*, it will be seen, is a Greek derivative, from *Anthropos*, man, and *toxicon*, poison, and it is

intended to convey an idea of that form of *poison* generated in, or secreted from, one healthy person capable of producing disease in another human being subject to its influence.

That the human body in a state of disease is capable of sending forth a contagious or infectious poison, is familiar to every one. That the natural and normal secretions of certain animals are poisonous, and will, when received in the human system, produce disease and death, is equally true. But that the secretions or exhalations from some human beings in health, are so virulent and noxious as to cause disease in other healthy persons, is a position that will not readily be conceded, and must, therefore, be examined. For the purpose of throwing light upon this subject, I offer the following cases, which I think will be found interesting, whatever theory may be employed in explaining them.

CASE I. Mrs. E. K. æt. 25, good constitution, mixed temperament, black hair and eyes, rosy cheeks, rather full habit, cheerful temper, uninterrupted health, was married to P. K., early in 1845. Soon became pregnant, and began to decline; became pale and hydropic; in a few months abortion followed; Bad health continued; some improvement, and in the fall of 1845, again became *enciente*. Temperament now leucophlegmatic. Various diuretics and tonics used with but little benefit.

Feb. 11th, 1846. Delivered of a still-born child by a premature birth. Nothing extraordinary attended or followed parturition, save the fact that no red blood followed the cutting of the chord or the removal of the placenta. Quite exhausted, but cheerful. R. Nutritive diet, elder wine, laxats., chalybeates.

15th. Found her cheerful, complaining of little pain, but much oppression, and at times drowsiness; but little derangement of secretions; pulse 110, feeble, compressible, and undulating; sighs often and turns from side to side; deadly paleness and slight swelling about the eyes; tongue clean, but pale and colorless; little appetite, no nausea; roaring and uneasy feeling in the head, but no pain; light somewhat unpleasant to the eyes; *light and all white objects appear yellow; indistinctness of vision.* R. Wine, veg. bitters, tr. muriat. ferri, B. mass. pul. dover.

16th. Pulse more frequent, compressible and intermitting; more oppression, vision indistinct; *light looks red, white curtains appear red, dark objects yellow, or dull red; pupils dilated.* Complains of no pain, but is more restless, and desires to be

turned oftener. R. Op. camph. wine, min. acids, light mercurials, and counter-irritants.

17th. Has sunk rapidly since yesterday. Nothing that she has taken has had any visible effect. *Light as red as scarlet*; some wandering of intellect; breathing more laborous. Sunk gradually and without complaint till she expired.

CASE II. Mrs. S. K., second wife of this same P. K., æt. circ. 25, sang. nerv. temperament, good health, sound constitution; accustomed to manual labor; married in July, 1846, became pregnant and began to decline. Took sundry patent nostrums, which caused further prostration. In about eight months hydropic symptoms supervened.

April 10th. Delivered of a living male child. No attendant circumstance worthy of remark. Directed magnesia, nourishing diet, etc.

17th. Found her debilitated and oppressed; no acute pain, but dull aching in the head; hydropic symptoms; appetite moderate; secretions scanty, otherwise normal; pulse 120, small and deep seated; light unpleasant to the eyes; some darkness and obscurity of vision.

R. Ars. sol. chalybeates, blue mass, wine, nourishing diet.

18th. Frequent and distressing attacks of dyspnœa, approaching syncope; otherwise as before. R. Pill. assafœt. every six hours, alternate with blue pill; wine occasionally.

19th. Attacks of dyspnœa frequent and distressing. Becomes cold occasionally, with feeble pulse, but no reaction; no action on the bowels; lochial discharge free; roaring in ears and optic illusions; *can see but one half of an object, and that looks green*; light somewhat painful to the eye; stupid, and somewhat comatose. R. Nit. acid, b. mass, quin. morph., wine, arrow root, sac, etc.

20th. No improvement in any of the symptoms. Can see but half of a person's face, *which looks green, with red spots*; pulse, as before, 120, feeble, intermitting. R. Camph. t. op., t. stram., b. mass, wine; dry mustard to spine, blister to neck.

21st. No improvement; rather comatose; no complaint of head; *light and white objects red*; pulse 120; complains of the mouth. R. T. stram. 6 gla., ter die, wine, panada.

22d. But little alteration; rests well. Continued treatment.

23d, A. M. Healthy bilious stool; more in her senses; rests well. At 4 P. M., an exceedingly offensive watery purging came on, which caused great prostration; moderated in a few hours by the use of sac. sat. ap. and astgt. enem. R. Sinapisms, burnt brandy, camph., ammonia, sac. sat., tr. opi.

24th. Purging moderated, but all the symptoms worse. Comatose, with optic illusions. Secretions from the skin, etc., so offensive as to require purifiers; pulse 120, thread-like; cold extremities; apparently moribund. R. Quin. grs. 20; tr. opi. gtt. 20; to be repeated in six hours.

25th. Has had several cold spells, with threatened spasms; smell not so offensive, still necessary to keep something burning in the room; blisters on legs and back filled with yellow water. R. Quin. gr. 10; g. camph. gr. 2; morph. gr. $\frac{1}{8}$; every six hours.

26th. Symptoms as before; no improvement. Continue treatment.

27th. Rests quietly; some light delirium; offensive smell measurably removed; takes panada, etc. Continue treatment.

28th. More in her senses; still cadaverous look and optic illusions; petechiæ and blisters continue. Complaints of quinine affecting her head. No action on bowels for 48 hours. R. Nit. acid, A. M.; magnesia, P. M.; morph. at night.

29th. Found her narcotized. Cr. tr. and sulph. had been given last night, without my knowledge, which brought on excessive purging; a large amount of opiates had been given to check it. The patient gradually sunk, and died next morning.

CASE III. Mrs. W.—This case, in its rise, progress, diagnostic symptoms, and result, entirely similar to the foregoing.

Remarks.—The toxicological symptoms in these cases are the constant and gradual emaciation and waste of vitality, without any apparent fixed disease; the optic illusions, especially the fact of *light appearing scarlet, and white red*; the coincidence of the symptoms under similar circumstances; and the fatal termination.

The anthropological facts are these: P. K., the husband of the two women whose cases are detailed (and the remarks will equally apply to D. W., the husband of the third,) is a man whose cutaneous secretions, especially under excitement, are known to be exceedingly offensive and disgusting. "Essentially an unclean animal, all the civet of the apothecary, mixed with the perfumes of Araby the blessed, cannot sweeten him." Is it not possible—nay, is it not probable, that the inhalation of these gaseous secretions or the absorptions of others, from this living laboratory of malaria, may have produced deleterious impressions on those constantly subjected

to their influence. causing a specific and fatal train of morbid associations?

These two women were in the prime of life, in robust health, of good constitution, and of active, healthful habits. So soon as they came in contact with this man, they began to exhibit the effects of morbid causes. They both became leucophlegmatic, and began constantly and steadily to decline. The same optic illusions, dimness of vision, and perversion of colors marked the progress of both cases to a fatal termination.

The matter of contagion is no more cognizable to our senses than malaria. Infectious disease is, however, usually attended by a certain very sensible fœtor. Persons, whose bodies, in a state of health, are capable of elaborating infection, as far as my observation extends, are distinguished by the strong and peculiarly offensive character of their pulmonary and cutaneous exhalations. Although this may not always be the case, yet so signally is it true in the cases before us, that I have heard sensible men say that, in their opinion, it would cause disease in any person who would room with them. I, therefore, set this morbid agent down in the catalogue of animal poisons, as human infection, *sui generis*. What is its nature, its essence—from what part of the body derived, and upon what tissue it first makes its attack, are at present matters of conjecture. Whether all persons are obnoxious to this poison, or whether there is a peculiarity in some, rendering them more susceptible of its action than others, time and observation must decide. In the cases above noted the noxious cause evinced its power by depressing the vital energies, impoverishing the vital fluid, and deranging the sensorium. There are, doubtless, instances in which the infection, not being sufficiently concentrated or virulent to cause fatal consequences, makes known its existence in the continued bad health and low spirits of its victim. And this, it may be, is the secret why so many hysterical cases are so difficult to be controlled, and why, in such cases, the experience of our profession finds it profitable to prescribe temporary *absque marito*.

I have brought these cases to the notice of the Society, in order to call attention to this peculiarity in the human structure, and to this form of disease. When the first case presented itself to me, I looked upon it as a case of hydropic affection with *ramollissement* of the brain. When the next case occurred with all the peculiarities of the first, I very

naturally suspected a similarity of cause. No other known cause presenting itself, I have deemed the one named sufficient to explain the phenomena. The third case, similar in all respects, both as regards cause and disease, strengthened my conviction. Nor is this conclusion, in my judgement, either rash or unreasonable. Personal cleanliness is conducive to health---the reverse, predisposes to disease. Healthy persons crowded together in a tight room, or in the hold of a ship, will suffer and contract disease from exposure to their own secretions and exhalations. Writers on hygiene, say it is hurtful to the health of the very young to sleep with the very old. It is not, therefore, more true that "evil communications corrupt good manners," than it is that evil bodily associations impair the health and superinduce disease.

REMARKS.---The above cases are both curious and interesting, and we are disposed to think Dr. Lavender correct in ascribing the gradual decline and ultimate death of two of his cases, to the foetid and filthy exhalations arising from the body of their husband. The subject deserves consideration, and we hope the publication of these cases will excite the attention of physicians and elicit some further remarks on this curious question.

Whilst on this subject, it may not be out of place to allude to a singular prejudice which exists in Havana among those born of Spanish and native parents. Into the private and public hospitals of that city, nothing can induce a native of that Island to enter as a patient, if its known that one or more cases of Phthisis are quartered in the institution; yet at the same time, they neither fear the yellow fever nor any other form of febrile disease, although liable to contract such diseases. They argue that the exhalations, secretions, etc., etc., from the consumptive not only predispose those confined in the same room to the same affection, but also deteriorate their general health, impair the tone and vigor of their constitutions, and thus prevent their speedy convalescence from other diseases. Popular prejudice sometimes has truth for its foundation, and such may be the case in this instance.

We regret that no post-mortem examination was made in these cases, as without this test they must be unsatisfactory and incomplete.—*N. Orleans Med. & Surg. Jour.*

ARTICLE VI.

A Contribution to the Curiosities of Medical Experience. By
T. M. HARRIS, M. D., of Harrisville, Va.

The novel and remarkable character of the following case constitutes my apology for communicating it to the profession.

On the 19th of May, 1846, I was summoned to attend a young Dutchman in this neighborhood, and received the following history of his case.

He had been suffering from an attack of piles, and having been informed that the disease could be cured by introducing the neck of a well greased bottle containing some hot spirits of turpentine, he undertook to prove the remedy. But unfortunately, using nothing larger than a half pint flask, and having, as I suppose, a more than ordinarily capacious outlet to the alimentary canal, the flask slipped in, and the sphincter closed upon it.

Here is a dilemma—a man with a half pint flask in his rectum seeks relief; and what is to be done? Notwithstanding the case borders a little upon the ridiculous, it became, to me, a subject of most serious and anxious concern. At length, however, I resolved upon a plan, and accordingly went to a blacksmith and had a pair of forceps made somewhat after the fashion of the obstetrical instrument, with blades about seven inches long, by about three-fourths of an inch wide, and handles eight or ten inches long. These being prepared, and the blades well greased, I introduced a blade at a time so as to inclose the bottle, locked the instrument, and commenced my efforts at extraction. But the blunt end, or bottom of the bottle presenting, I soon satisfied myself that it would be no easy task to effect its removal. At length, by the force of my efforts, I smashed the flask in fragments. Having no further use for my forceps, I laid them aside and set myself carefully to work, removing it, a piece at a time, with my fingers. This I completely accomplished after laboring faithfully for about three hours. I then washed the rectum by throwing up large quantities of warm water; ordered a dose of sulph. magnesia, and in three days had the satisfaction of seeing my patient about his employment.

On the 29th of January, 1847, I was called to see the same patient, and informed that a similar mishap had befallen him, the body now introduced being a beet. I made an examination, and could trace with the finger the large end of a beet

of such dimensions as to cause the utmost astonishment; and to increase the difficulties of the case, it had been retained more than 48 hours, the patient having entertained the intention of dying like a hero, without disclosing his condition; from which determination, however, the intensity of his sufferings forced him to depart.

There was now a good deal of tumefaction and tenderness about the anus; and very great tenderness of the abdomen generally—vomiting had set in. I again introduced my forceps, but with great difficulty, on account of the tumefaction and soreness of the parts, and soon found that I could not make the necessary extractive efforts without having my forceps slip off: the patient was also exceedingly irritable, and could not endure the necessary force. I now took my forceps to the smith, had the width of the blades reduced one-fourth, and the points turned in so as to form a hook, obtained two or three assistants, and returned to the novel operation.

Having premised a free bleeding and the hot bath, so as to obtain a good degree of relaxation, I administered 35 drops of the tinct. opium, and having placed my patient on his knees and strapped him down tightly over some chairs, I again introduced my forceps, and quickly succeeded in bringing away a beet nearly seven inches in length, and in its largest diameter about three and a half inches.

It had evidently been selected by my patient on account of its size, in order that it might be impossible for it to be taken in; and feeling thus secure, he had introduced the small end, and pressed down upon it with his whole weight.

I now administered injections, and laxative doses, and restricted my patient to a low diet for two or three days, when he again resumed his employment.—*West. Jour. Med. and Surg.*

ARTICLE VII.

A Statement in relation to the United States Naval Medical Corps.

Believing it to be in accordance with the objects of this Association, we beg leave to lay before it certain facts in relation to that portion of the medical profession associated with the

naval service, and which we have the honor to represent in the present assembly.

From the large number of persons who appear before the Naval Medical Examining Boards, and from the small proportion who are successful, it has been intimated that influence, independent of qualification, is essential to success. Such an impression is of course adverse to any efforts the Government Boards may make to elevate the profession, and its correction is due not only to the Boards, but to the profession at large.

The aid of influential friends is not necessary even to obtain a permission to appear before the Boards, but it is granted to all within the prescribed ages, disposed to enter the field of competition, without question as to political alliance or social position, but with the understanding that a limited number of appointments is to be made, and those alone can be successful who are found to be best qualified.

The Boards vary as to their individual composition: the selection of their members being made from such medical officers, sufficiently old in the service, as the public interests permit to be taken, from time to time, from other duties; and they are convened under a precept containing the following injunction:

"The attention of the Board will be directed to moral character, as well as to scientific and other attainments; and it will be its duty to make the examination full, minute, and rigid."

From the limited number of medical officers, and the want of allowance for inefficient members in their corps, it becomes both the duty and interest of Boards to select only such as are physically competent to their duties: hence, many may be set aside for essential reasons other than professional incompetency. Again, duties in the naval medical service require a practical knowledge upon certain branches, not attained by many otherwise well informed in their profession. For instance—medical officers on board ship are often required to be their own apothecaries; and in foreign countries to select their medicines, when they must depend upon their practical acquaintance with drugs to select those of good quality. Deficiency in such knowledge excludes many.

For admission into the naval service, a fair preliminary education, and a knowledge of the branches strictly professional, are the nominal requirements, but, from the amount of competition, higher attainments are necessary to secure suc-

cess. Professional acquirements being equal, those persons would be selected who possessed in addition a knowledge of collateral sciences and of languages: relative position, a matter of importance, being decided according to the amount of professional and general information of the successful candidates. The mode of examination is as follows: in the first place the applicant is required to reply to the following

"CIRCULAR TO CANDIDATES.

"For the information of the Board, you will state, in your own handwriting, the place of your birth, your age, the State of which you are a citizen, and the names of the institutions in which your general education has been acquired. If a graduate of arts, please state from what college you received your diploma. Besides English, what languages have you studied? If you have studied natural history, please state what branches.

"State the name of your medical preceptor, and the time devoted by you to the study of medicine. If a graduate, of what institution? What period of time have you devoted to practical anatomy or dissection? What opportunities have you had to witness the practice of medicine and surgery?—What opportunity, if any, have you had to become acquainted with pharmacy and the physical properties of drugs?

"You will state, on your honor, whether you are obnoxious to any hereditary disease whatever; especially whether any of your immediate family has suffered from pulmonary disease, epilepsy, insanity, or paralysis: and you will also state whether your general health is good, and whether you are free from constitutional disease and local affection, such as hernia, &c. You will furnish satisfactory evidence that your moral and social habits and character are good."

The reply to this circular not only furnishes the Board with the information asked by it, but gives some information as to the facility of composition and knowledge of orthography possessed by the candidates; and upon these points many fail. If the reply is satisfactory, the candidate is then furnished with a single sheet of foolscap, and a professional subject, upon which he is required to write in an apartment adjoining that of the Board's session.

The examinations upon surgery, materia medica and pharmacy, are partially practical; the candidate being required to

apply various dressings and apparatus, to designate the medicines and preparations set before him unlabelled, and to write and compound prescriptions.

Before a recent Board, one gentleman defined a lotion to be "a kind of application," and an evaporating lotion "one which does not evaporate." Another confessed his ignorance of the freezing and boiling points of water, and contended that knowledge upon such subjects was useless. One candidate determined castor oil to be the "oil of castor, an animal." Another located the solar plexus in the sole of the foot. All these were graduates.

The foregoing facts will, we think, sufficiently account for a large rejection, without invoking the inference of political disqualification.

In contradiction to the idea of the power of other influences than those of professional qualification, the results of the examinations show those to be most successful whose energies have been developed and faculties strengthened under a continued struggle with necessity and limited means; while too many, aided by influential friends, possessed of ample means and all the facilities these control, have been found unfaithful servants in the improvement of the talents placed at their disposal.

The medical corps of the navy, in its insulated position, has had devolved upon it the unpleasant responsibility of advocating, against contending influences, its own interests, and the claims of the medical profession to respectability, assailed through the corps.

Until recently, it has been left as a portion of a military body, without any defined position, being dependent for its social standing, and the respect awarded its members, upon the individual and peculiar views of military superiors and associates: these were too frequently annoying to the medical officers and derogatory to the profession of which they are members.

After the long-continued and arduous efforts of the medical officers, the executive became assured of the injustice of their position, and by a general order issued August, 1846, they were assimilated in rank with medium classes of their military brethren; and certainly not placed in a higher comparative position than the profession of medicine can justly claim. The "order" merely defines position and confers no military authority. Opposition has, however, been made to this arrangement by a portion of the line, and, at its instigation, an inquiry in-

stituted upon the floor of Congress, with the view, it is believed, to an attempt to revoke the position assigned medical officers in the navy.

Such is the existing state of interests, which we feel it our duty, through the medium of this Association, to bring to the notice of the profession of which we form a small and isolated portion.

WM. MAXWELL WOOD, *Surg. U.S.N.*,

NINIAN PINKNEY, *Surg. U.S.N.*,

Delegates to the Nat. Med. Association,

from the Naval Med. Corps.

—*Trans. Am. Med. Association.*

ARTICLE VIII.

The Anodyne Treatment in Croup.

Everything relating to the treatment of so serious a malady as croup, is of interest to the profession. The following, from the Transactions of the Philadelphia College of Physicians, shows a successful result of treatment in the hands of an eminent and experienced practitioner.

"Dr. Parish related the history of a case of membranous croup of a severe character, and attended with all the symptoms of approaching death, which recently recovered under his care, without an operation for tracheotomy.

"The patient was a child of 18 months old, which was attacked with what was supposed to be an ordinary catarrh, attended with a harsh, dry cough. Simple domestic remedies had been administered for several days without effect, before the doctor was sent for.

"When the patient was seen by him, the cough was 'croupy, and the breathing obstructed to an alarming extent. On looking into the fauces, the whole back part of the throat was found lined with a thick, tenacious secretion. An emetic of two grains of turpeth mineral was immediately administered, which operated promptly, but without relief. Calomel, grs. v. was administered, to be followed by castor oil in a few hours. After the operation of the purgative, there was still no decided relief; the turpeth mineral emetic was continued regularly every four hours, and the calomel in small doses every two hours, for several days; but the disease steadily progressed, no dis-

charge of membrane having been induced; the breathing became more distressing, and finally, the child was unable to cry; the cough was dry, and less developed, and the bronchial tubes appeared to be rapidly filling up. At this stage of the complaint, injections of assafoetida and laudanum were given every four hours, solely with a view of assuaging the sufferings of the child, and all other medicines were suspended. The full effect of the opium was induced, and the jactitation and restlessness diminished, though the breathing continued as bad as ever. The child lay upon the pillow with the head thrown back, and was several times supposed to be dying, from the violence of the paroxysms of dyspnœa. The doctor left late in the evening, with directions to continue the anodyne, expecting to find his patient dead in the morning. On the morning visit, he was surprised to find that the paroxysms of extreme difficulty of breathing, had been less frequent, and that the child had slept with comparative comfort, though the respiration was still exceedingly laborious. It was found that a discharge of thick yellow mucus had begun to issue from the nostrils during the night, and on examining the throat, it was evident that the membrane lining the fauces was loosing. The bowels had also been freely moved with copious yellow dejections.

"This state of things afforded encouragement to resume the use of the turpeth mineral, which acted promptly, bringing away large quantities of thick, yellow mucus, to the great relief of the infant, who, from this time, went on improving, and recovered rapidly.

"Dr. P. had no expectation of accomplishing any permanent good by the use of the anodyne in this case 'believing that the mechanical obstruction of the trachea and bronchial tubes must inevitably destroy life. It becomes a question, however, how far the dyspnœa in cases of membranous croup, may be the result of nervous spasm, as well as of a mechanical impediment to the passage of air into the lungs. It is evident that the dyspnœa is, to a certain extent, paroxysmal, and it is also true, that in many cases where death has occurred, the accumulation of membranous deposit in the air passages, as discovered on a *post-mortem* examination, has not been sufficient to produce strangulation from mere mechanical obstruction. By keeping, therefore, the system under the influence of anti-spasmodics and anodynes, in addition to remedies calculated to arrest the inflammation, may we not gain time, and enable

the latter to have their full effect in arresting the disease, and in producing softening of the membranous deposit?

"The doctor believed that in the management of this intractable malady, we have neglected too much the use of this class of remedies. He would also take this occasion to express his satisfaction with the action of turpeth minera as an emetic in croup. He had used it on several occasions, since it had been so warmly recommended to the college in the communication of Dr. Hubbard, of Maine, and had been highly pleased with it. It acts promptly and powerfully, without leaving behind it the depressing effects of the antimonials.

"The emetic may be repeated at short intervals, and continued as in this case, for many hours, without the risk of alarming depression."

ARTICLE IX.

The late Baron Berzelius.

This distinguished chemist, the father of analytical chemistry, expired on the 7th of August, at Stockholm. Baron Berzelius was born on the 20th of August, 1779, Ostergothland, in Sweden, of a respectable family. At the age of 17 he entered the University of Upsala, where he made rapid progress in his studies, particularly his favorite science—chemistry; after passing the necessary examinations, he received his diploma of Doctor in Medicine in 1804, and was appointed Medicinæ et Pharmacis Adjunctus at the Collegium Medicum at Stockholm, and gave instructions in chemistry to young students and, on account of his small income, was obliged to practise occasionally as a physician. In the year 1807 he was appointed Medicinæ et Pharmacis Professor, and in the same year he instituted, in conjunction with seven other eminent men, the Swedish Medical Society at Stockholm, now a most flourishing institution, and constituting the very heart of the medical profession in Sweden.

In 1808 he was made a member of the Royal Academy of Science, in 1810 officiated as president, and in 1818 as perpetual secretary. On the occasion of holding this appointment for a quarter of a century, a dinner was given in the Academy

by the members to this distinguished *savant*, which was presided over by his present majesty, then the crown prince, who, on proposing the health of Berzelius, expressed his grateful acknowledgment of his own obligations to Berzelius for the valuable private instruction he had received from him in his younger days. In the same year he was appointed a member of the Royal Sanitary Board, of which, at the time of his death, he was the senior member. As a proof of the magnitude of his laborious pursuits, it may be sufficient to mention that he first developed the electro-chemical system, and that he has also examined and minutely described the atomic theory of the elementary bodies. He discovered and examined several great classes of chemical combinations, as, for instance, the different degrees in which sulphur combines with fluoric acid, with platinum, columbium, vanadium, tellurium and phosphorus, the sulphates, &c. In organic chemistry he has no less distinguished himself by his experiments; and, properly speaking, he has laid the foundation of vegetable and animal chemistry; more particularly the latter. As regards chemical analysis, the highest merits are due to him, for having arranged a new and generally-adopted chemical nomenclature. His works, which have been for the most part translated into the English, French, German, Italian, Spanish and Polish languages, are so numerous and voluminous that, considering the accuracy with which everything is described, it appears to be almost a wonder how one man, whose time, besides, is occupied by a great amount of official duties, has been able to accomplish such a mass of scientific publications.

Berzelius had received from his Majesty King Charles John many marks of high distinction: he was created a nobleman in 1818, a Baron in 1835, Knight Commander of the Royal Order of Wasa in 1821, and Grand Cross of the same order in 1829; he was a Knight of the Royal Swedish Order of the Polar Star, and of several foreign orders received from the Emperor of Russia and the Kings of Prussia, Denmark, Belgium, France and Sardinia; an honorary member of upwards of one hundred literary and scientific societies. In consideration of the great services which Berzelius had bestowed on his native country, the members of the Diet at Stockholm, in 1840, voted to him the annual sum of 2000 dollars banco as a pension for his lifetime, independent of his former emoluments.

The Edinburgh Journal of Science and the Philosophical Magazine, to which we are indebted for these particulars, state, as showing how high the illustrious deceased ranked in

Germany, that in a late history of the Devil, of which so many are published in that country, one of the main inducements his Satanic majesty is represented as holding out to a convert, still half doubtful of selling himself, is, that he will make him *a Berzelius*.—*London Lancet*.

ARTICLE X.

New Medical School.

An institution for the instruction of young men in medical science has been recently established in Illinois.

On our table lies the Prospectus of this Rock Island Medical School. In this publication the following sentences occur, which sufficiently evince the nature of the enterprise, and the prospects of success which cheer it on.

"That the selection of instructors has been judicious, and that every member of the faculty will sustain himself before the classes *may not be* questioned." "They have reasons (not revealed) for believing that a larger number of students *may* assemble at Rock Island than has ever composed the *first class* of any medical school in the Union, and that the resulting graduating class *may be* larger."

In the prospectus we have the following lines of poetry:

"No pent up Utica contracts our powers,
For the whole boundless UPPER VALLEY's ours."

And again the prospectus indulges other poetic excursions; though stated in stilted prose.

"No fancy sketch which the imagination can draw can compare with the beauty of the site; and its eligibility, when the Mississippi shall be bridged, can only be rivalled by its beauty. The bridging of the river at this point is so familiarly spoken of by the inhabitants as an improvement and work of art certain to take place before the elapse of many years, that the prediction may not be looked upon as an idle day-dream, that a flourishing Medical School and Hospital *may* ere long, occupy the very same grounds on which General Taylor was ordered a few years ago to seize and erect a fort in the then wilderness and hostile Indian country. It *may not* come to pass during the presidency of General Taylor, whose policy as far as regards internal improvements is not very lucidly revealed; neither during the presidency of General Cass, whose

letter on river and harbor improvements was certainly laconic; nor yet indeed under the second term of service of the 'northern man with southern principles,' ex-president Van Buren, whose whereabouts on these small questions of river, lake, or island improvements is not as well understood of late, as are his views on the great 'Wilmot Proviso question.' But nevertheless at no very remote period, under the administration of some wise president, these things *may* all come to pass on Rock Island, and medicine flourish in this panorama, par excellence, of beauty and promise, where but a few years ago, a lone military post, in the heart of the Indian country, was the solitary herald of civilization."

We have italicised the word *may* in the above and are reminded of the meaning of the word, which is—to be possible, perhaps, by chance, peradventure. There can be no objection to its use in the prospectus.

After this eulogy of Rock Island the professors come in for a glorification.

The professor of the Theory and Practice has "views on malarious fevers peculiarly his own, and which differ essentially from the doctrines of the books, and their correctness is proved from the uniform success of his practice, and that of the numerous pupils who have read medicine with him." Happy pupils! O most excellent master! "No student ever forgets the doctrines and precepts he receives from this master." *Quantum sufficit.*

The professor of materia medica has "a thorough acquaintance with his subject," and moreover, "his happy arrangement disarms the materia medica of much of the dryness and confusion incident to the old method of teaching still pursued in most of the schools." *May be* Pereira borrowed this "natural historical arrangement" from Rock Island!

The prospectus promises to receive "obligations" from such students as have no cash.

Such are the aspirations and inspirations—poetic and medical—of the Rock Island Medical School. Magnificent in conception; exalted in aim; daring and far reaching in destiny!

In all soberness of critical animadversion we lament very much the bad taste, and defective judgment, manifested in the prospectus of the Rock Island Medical School. It is a most humiliating spectacle to witness—a professed standard of professional propriety, a fountain head of medical instruction, urging its pretensions, and ushering itself into notice by such self-laudation conveyed in a style of such unseemly grandiloquence.—*Western Lancet.*

ARTICLE XI.

The Cholera.

By the latest arrivals from Europe, which bring dates from London to the 20th of October, it appears that the cholera has not advanced in Great Britain with the rapid strides which have characterized its appearance in many cities on the Continent. We have condensed the returns from various places, and here give them.

In London, there were four cases of cholera reported on Monday (16th), and eleven on Tuesday, making fifteen cases in addition to those reported by the Register-General up to Saturday.

In Sunderland, another case of cholera was reported on Tuesday to the Customs by the medical staff appointed to inquire into the character and deaths on board of vessels in this port. In Edinburgh, Leith, and Newhaven, it is calculated that, since the cholera first broke out, the total number of cases that have appeared will amount to upwards of a hundred, and the number of deaths to about seventy. In Birmingham, a case of decided Asiatic cholera is said to have occurred on the 15th. Since Thursday, there have occurred in Hull nine cases of cholera, seven of which have proved fatal. Of these seven, two have occurred on board of vessels lying at the port, the remaining five in the town. Up to Thursday last there had been no death from Asiatic cholera in the town, the disease having, until that day, been confined to the vessels visiting the port.

Prussia.—A letter from Berlin, of the 13th instant, says—“The cholera report at this place, although showing a steady drain on the population, averaging from twenty-five to thirty cases daily, is less alarming than it was; but at Königsberg the disease is making great ravages, and the cases, all of a most malignant character, amount to ninety or a hundred per day. Here the malady continues to attach itself to the humid and ill-ventilated portions of the town.

Amsterdam.—Letters from this city, dated Oct. 13th, state that several cases of Asiatic cholera have been declared in that city, some of which have terminated fatally. At Königsberg (Prussia) the disease is raging fearfully, and up to the 10th instant 720 persons had been attacked, of whom 286 succumbed, and only 112 were cured.

Quarantine.—The British Government has resolved, on the

recommendation of the Board of Health, to do away with the idle precaution of six days' quarantine, inflicted on continental vessels suspected of cholera.

Fortunately, the cholera has taken upon itself to give us proofs of its non-contagiousness; but admitting the doctrine of contagion to the utmost, how foolish and unfair would it be to persist in sending to a quarantine ground vessels from foreign parts that are merely suspected, whilst ships from our own ports, where cholera has manifested itself, are not interfered with. The Royal Board of Trade at Stockholm, under date the 6th ult., has declared the port of Hull infected with the cholera, and all other ports in England and Wales suspected.

The quarantine of 7 and 14 days lately imposed at Naples, on vessels from Palermo and Malta, and which was suspected to have had only a political object, has been removed in consequence of the remonstrances of the British Admiral.

An order has been introduced into the Common Council of Boston, requesting the Consulting Physicians to advise the citizens in regard to proper measures, should the Asiatic cholera appear in the city.

The Councils of Washington City adopted resolutions, on Friday evening of last week (30th ult.), requesting the Board of Health to give general instructions on the subject, and to see that everything proper was done; also appointing a special committee to act in concert with the Board of Health.

By those who have been interested in the subject, it will be remembered that from England the cholera passed to Paris, and soon after entered this country by the way of Canada; and all this within a few months.—*Bos. Med. and Surg. Jour.*

ARTICLE XI.

Cholera in Granite Regions.

Dr. C. T. Jackson, of Boston, distinguished for his scientific acquirements, publishes recently an opinion that the cholera will not fasten upon New England, or rather in this section of the country, as the disease never has been very destructive in granite regions. His arguments are philosophical; yet it will be recollected that the disease once appeared here, and the

apprehensions of its second appearance, to an equal extent, at least, are well grounded. According to Dr. Jackson's views, in those sections where lime is found, the cholera has invariably exhibited its most deadly activity, and it is in such regions alone that the greatest danger in this country is to be apprehended:

Although the municipal authorities seem to be making some preparation for the reception of the pestilence at different Atlantic points, all experience proves that those defensive measures, which relate only to the importation of the disease, are utterly worthless. Cholera cannot be kept at bay, or turned from its course. Neither does dieting in any particular manner render the individual less liable to contract the disease, or lessen its violence when developed, if credit is to be placed in the history of this remarkable pestilence. But this circumstance should not operate to prevent public bodies and municipalities from abating nuisances, and bettering the condition of the poor in those plague spots which are found in every city, and town of magnitude, in which a certain class of people invariably establish themselves.—*Ibid.*

ARTICLE XII.

On the Use of Solution of Caustic Potash in relieving Stranguary.

By R. MULOCK, M. D.

In three cases of stranguary, caused by blistering with cantharides, I found the solution of caustic potash a perfect remedy. Two of the cases were head affections, where opium was inadmissible. Thirty drops, given in half a wine-glass of water every hour, gave relief before the third dose was exhibited. What led me to the use of this preparation was its known effects in relieving irritation of the bladder in other cases, and also its efficacy in relieving the stings of wasps or bees when applied to the skin. I considered that it might also relieve the acrid principle of the cantharides. Indeed, from its effects, it would probably be a remedy for an overdose of that medicine, if given in proper time. In looking over the various works on irritative poisons, I find no antidote to the poison of cantharides, and mention this now that further trial may be made of its effects in giving relief.—*Dub. Jour. Med. Sci.*

ARTICLE XIII.

Pathology of Intermittent Diseases.

Dr. Amand Beaupoil has just published in the *Gazette Médicale*, an extremely interesting paper, wherein is treated the disputed question of the localization of intermittent fever. It would give us pleasure to analyze this dissertation fully, for it is worthy of notice, but we are obliged, for want of space, to confine ourselves to the conclusions: 1. The seat of the intermittent phenomena cannot be placed in any organ or system of organs to the exclusion of others. 2. The intermittent may become connected with any other affection, and form with it a sort of unity or special morbid entity; the disulphate of quinine is a specific for this compound intermittence, as well as for simple ague. 3. Intermittence is often combined with an organic affection, in the manner of complication; it behooves us, then, to administer the specific remedy simultaneously with the means indicated by the organic lesion. The treatment ought, in fact, to be double. 4. When the intermittence is independent of any organo-pathological rhythm of organic contraction and expansion, and this state produces an alteration in the amount and variations of animal heat, and constitutes intermittent fever. 5. It will, then, be seen that ague may be simple, compound, or complicated. 6. The intermittent phenomena may be attributed to the effect of miasmata on the economy; the noxious emanations being modified by periodic alternations of heat and cold, of dryness and humidity, of light and darkness, of sleep and waking, and of all influences which act in the same way. 7. The nervous element evidently plays an important part in the production of intermittence, brought on by the causes just mentioned; it seems, indeed, that the influence of this nervous element is altogether indispensable. 8. Enlargement of the spleen is the *effect*, and not the *cause*, of intermittent fever; it is an indication for large doses of quinine.—*Lancet*.

ARTICLE XIV.

On the Internal Use of Turpentine Oil in Cases of Hemorrhage.

By L. PERCY, M. D.

The author, after noticing the fact that several writers—Adair, Nicol, Johnson, Warneck, Copland, Ashwell, and Pereira—have spoken of the efficacy of the essential oil of turpentine in hemorrhagic diseases, observes that this remedy seems nevertheless to be little used by practitioners. In the cases in which he first made trial of it, hæmaturia of two years' standing, in an old man of eighty, was stopped in 24 hours by eight drops of oil of turpentine, and did not return. He has since used it in cases of hemorrhage, and always with a favorable result. The cases in which its use is indicated are those of passive hemorrhage. It must not be employed in cases where there is an active determination of blood, and where the pulse is full. When the discharge of blood is the cause of organic disease, as of disease of the uterus, or of tubercular disease of the lungs, the action of the remedy is not so efficacious; but the author has seen a case of scirrhus of the womb, in which the hemorrhage was for some time stopped by this remedy. The author has found the action of turpentine oil very rapid, an effect being manifest in a few hours, often after one small dose. In order to better ascertain its power, he used it alone, without having recourse to local astringents or cold applications, where he could do so without fear of endangering the life of the patient. He has used it most frequently in cases of menorrhagia and epistaxis; but he mentions, that it appears to him to be particularly applicable in cases of hemorrhage attending typhus. He noticed the fact that turpentine exerts different actions on the body according as it is taken in large or small doses, being more readily absorbed in the latter case; as he remarks, that as its beneficial action in cases of hemorrhage must depend on its being absorbed, the inference would be drawn, that the doses in which it is given in such cases ought to be small. His experience confirms this conclusion. He has always found a dose of from eight to thirty drops sufficient. The best vehicle for it is almond emulsion, with a little gum arabic. When there is pain in the abdomen, a few drops of laudanum may be added.—*London Med. Gazette in Ibid.*

ARTICLE XV.

Remarks on the Bearing of some Modern Doctrines of Pathology and Animal Chemistry on the Treatment of Tubercular Consumption. By E. J. MARSH, M. D.

Tubercular Consumption has always claimed and received a large share of the time and attention of the profession; the wide extent of its ravages, the insidious nature of its approach, the character of its victims, the usual fatality of its attack, and the confessed inability of medicinal agents even to stay its progress, have all contributed to invest this malady with a high degree of interest both for the profession and lay-public; and every attempt to throw light upon its nature and treatment, has been received with kindness and attention.

Some recent investigations and discoveries of European pathologists and chemists appear to me to have a bearing upon this subject, and I have thought that a brief statement of these doctrines and facts with inferences drawn from them, may not be without interest and profit.

Bennet, and other morbid anatomists have stated as the result of numerous dissections, that cicatrices of ulcers of the lungs were found more frequently in the bodies of spirit-drinkers dying of other diseases than phthisis, than in persons of different habits. These cicatrices were proofs of the existence of former cavities which had become healed up; and they were met with, and that not rarely, for the most part in persons who had been spirit-drinkers, proving conclusively that ulcers of the lungs may become healed.

It is well known that the blood is more highly arterialized and abounds more in fibrine in phthisis pulmonalis than in most other disorders of the economy; and this condition of the blood continues through the whole course of the disease, when it proceeds to a fatal termination. Rokinstansky, one of the most profound and distinguished of the German pathologists, states that tuberculosis depends upon a fibrinous trasis of the blood, and that all attempts at staying the progress of the disease will be vain and futile, unless this condition of the blood be changed: and that if this crisis of the blood be changed the disease will be checked, and in many cases the ulcers will heal. It has long been known to practical physicians, that certain conditions of the system suspended the progress of consumption, as pregnancy; and that certain diseases such as chronic bronchial affections, and some

diseases of the heart prevented or stayed the pulmonary affection. The cause of this has not been well understood, and has received different explanations. Rokinstansky states that these conditions and diseases present mechanical obstacles to the transmission of the blood through the lungs, and prevent its arterialization, keeping it in a venous condition. This venosity of the blood prevents the formation of that fibrinous crasis, on which the developement and deposit of tuberculous matter depends.

Intermittent fever also prevents the developement of tuberculosis, probably by some action on the blood, as this poison appears to exert a specific effect on the liver and spleen, organs particularly connected with the venous circulation.

To prevent or cure tuberculosis, it should be our endeavor to change the fibrinous condition of the vital fluid; and causes which produce and maintain a venosity of the blood, will effect this.

It has been proved by the experiments and facts of Brodie, Paris, and others, that alcoholic drinks taken into the stomach, pass undecomposed by absorption, or endosmose, into the blood vessels, and circulates in a free state of the blood.

Leibig, our highest authority in animal chemistry, states that alcohol circulating in the blood unites with the oxygen in that fluid, and forms with it carbonic acid, keeping it in a venous state, and preventing that fibrinous crasis which is the origin of tuberculosis; carbonic acid, it is well known, is the element which causes the venosity of the blood. Such are the results of the investigations of different and independent laborers in the vineyard of truth. Bennet finds that tuberculous cavities are found more frequently healed in the lungs of spirit-drinkers than of any other class; Rokinstansky shows that an altered condition of the blood is necessary for the cure of tuberculosis, and that this altered condition is a state of venosity; and Leibig teaches that the alcohol which spirit-drinkers take into the stomach passes into the blood vessels, and there uniting with oxygen forms carbonic acid, and produces a venous condition of that fluid.

Without wishing to give any countenance to intemperance, may I not ask the profession, whether in view of these statements, the total prohibition of spirituous drinks to all persons, especially to those pre-disposed to tubercles, is not likely to be attended with ill effects?

Whether the moderate use of alcoholic drinks ought not to be recommended to persons disposed to consumption, and

the more free use of them be recommended to persons laboring under the disease?

Whether consumption of the lungs be not more prevalent than formerly, and whether the disease be not increasing in those communities, and among those persons who most strictly abstain from all spirituous beverages?

Whether the fibrinous condition of the blood can be altered by any system of diet?

Paterson, June, 1848.

[*New Jersey Med. Reporter.*]

Part 4.—Editorial.

ARTICLE I.

NEW MEDICAL COLLEGE.

Two new medical schools have been advertised to go into operation the present fall in the North-West; one at Rock Island, Illinois, and the other at Iowa city, Iowa; and we hear that it is proposed soon to establish one at Indianapolis, Ind., and one at Ann Arbor, Michigan. Neither of these points presents the advantages of a Hospital in which might be given clinical instruction; nor is it probable that any of them save, perhaps, Indianapolis, can have facilities for prosecuting the study of practical Anatomy, sufficient to justify a dissecting class of twenty-five students.

Then, in reference to the demand for them by the profession, it certainly cannot be found far beyond the learned few who enter into the faculties, and we think a few years' experience will teach them that the demand that is thus created upon their time and means will more than compensate for any urgency in the necessity for the schools.

The history of all efforts to sustain medical schools in small towns, shows that it is done, if done at all, at great expense and by the most labored exertions. And even when with these they attain to any degree of prosperity, it is quite transient. Look at the school at Fairfield, New York. Although having a strong faculty, the disadvantages of the site were such as to cause its suspension. Look at the Willoughby Medical School in Ohio. It struggled on through many years and finally removed to a larger town. We might enumerate many others.

Nor is this all. Men of good abilities are not much disposed to continue a lame institution, even in a large town.

And every school without clinical instruction must be regarded as lame. Look at the medical department of the Cincinnati College. It flourished for a number of years, while the Marine Hospital of Cincinnati was under the care of the faculty. But with its largest class at its last session, numbering over two hundred students, and as strong a faculty as has been organized in the West, being composed of such men as Drake, Gross, Parker, Harrison, Rogers, McDowell, and Rives, it was suspended because the privilege of teaching in the Hospital was denied the faculty.

Although we do not believe the large classes that attend some of our eastern medical schools are advantageous, because rendering the opportunities of witnessing the demonstrations bad, still no medical school should be started where, from the patronage it would naturally command with an able faculty, its classes must be kept below two hundred paying students. The prospect of this amount of patronage, will be necessary to induce men of ability to engage in so expensive an enterprise—it will be necessary to justify the expenditures that are incident upon fitting up an institution properly—it will be necessary to justify the proper amount of labor and pains upon the course by the members of the faculty.

But there is another and more important consideration—medical schools in small towns are, of course, without the important—the indispensable—advantages of hospital teaching and a supply of the means of practical anatomical demonstration, and they are under the necessity of offering some other inducements to call students to their classes. These are found almost universally in low charges and unlimited credit. In fact, without these inducements, few would attend such institutions for the reason that if they have to pay they will go where the advantages are better.

An instance in hand is not far distant where it was thought necessary by a Medical School to accept an amendment of its charter, which allows two students from each county in

the State in which it is located, (186 students), to take out the tickets at half price, for which no compensation was offered save the preamble, "for the promotion of the cause of Education," being prefixed to the amendment. The amendment was evidently solicited by the schools to give its faculty a cloak under which to reduce their fees to half price, which makes them less than \$5 for each Professor's ticket.

Look at the map of the North-West, and you will find that there are large cities enough, and at convenient distances, to afford all the facilities that can possibly be demanded by the profession for medical colleges. Then where the necessity of starting new schools in small towns?

The common opinion of the medical profession of the United States, as expressed through the National Medical Association, being adverse to the pretensions of such schools, cannot have other than a good effect in preventing enterprises of this kind when its influence shall be generally felt. E.

ARTICLE II.

CONVENTION OF DELEGATES FROM WESTERN MEDICAL SCHOOLS.

It is suggested in the Ohio Medical and Surgical Journal that a convention of this character be held at Cincinnati on the last Tuesday in April next, for the purpose of securing a uniformity of action amongst the schools.

The points the editor hopes to hear discussed amongst others are, the propriety of extending the lecture term uniformly to five months; qualifications, both preliminary and professional, for a degree; and the general subjects of lecture fees. The editor adds, "Let the schools in good faith unite upon a platform, and they will all flourish equally well, and advance

more rapidly the true interests of the profession and the public."

We like the proposition well, and would say on behalf of the faculty of Rush Medical College that if such a convention is agreed upon generally, at that or any other time, or place, they will be represented.

E.

ARTICLE III.

MEDICAL MISCELLANY.

The Chicago Marine Hospital, for which \$10,000 was appropriated by the last session of Congress, we understand, is to be erected upon the grounds belonging the Government near the south pier in the city, and that the construction of the buildings will be prosecuted vigorously until completed. This is a most important and praiseworthy object, upon which twice the amount of money appropriated might be judiciously expended.

The Ohio Medical and Surgical Journal.—The first number of this new cotemporary, under the editorial charge of Prof. Butterfield was issued on the first of September last, but was received too late for notice in our last number. It is issued every other month, and is of the same size and price of our own. The number for November is also received, and like the first, is full of interesting matter. We like the tone of independence manifested by the editor, and most heartily wish him success in his arduous undertaking.

The St. Louis Medical and Surgical Journal.—The two Medical Journals of St. Louis have been united, and the resulting journal with the above title is under the joint management of the editors of both original periodicals. We are glad to see this evidence of friendly feeling between the faculties in two rival medical schools situated in the same town. It speaks well for both, and we have no doubt will be a more profitable arrangement than the former one so far as the publishers are concerned.

NOTICE TO READERS AND CORRESPONDENTS.

Our patrons, we hope, will recollect that our terms are payment in advance. Those who are in arrears will confer a favour by remitting the amount due. If any subscribers wish to discontinue the Journal they must do so at the end of a volume.

To receive attention letters must come post paid. We have heretofore received a great many in reference to changing the direction of the Journal and other matters of no pecuniary interest to us, upon which the postage was not paid.

We have received the following original communications:

Sanguinaria Canadensis as a Therapeutical agent. By J. L. MOTHERSHEAD, M. D.

Quinine. By E. C. BANKS, M. D.

Post mortem examination of a case of abscess of the liver. By H. ROSENKRANS, M. D.

A case of strangulated Inguinal Hernia, mistaken for Bilious Cholice and treated accordingly by a Thomsonian. Reported by R. HOISLEY, Medical Student.

Diseases of the West—their complications &c. By W. MATTHEWS, M. D., of Eberle, Ind.

Remarks upon Puerperal Fever complicated with Malaria. By E. R. PARKS, M. D. Also, from the same author, Cases of Malignant Pneumonia, with remarks.

Iodine an antidote to the bite of the Rattle-snake. B. JAS. S. WHITMIRE, M. D.

We have also received from the publishers the following works, which are for sale by Jos. Keene, Jr. & Bro., Chicago:

A Dispensatory or Commentary on the Pharmacopœias of Great Britain (and the United States) etc. etc. By Robert Christeson, M. D., V. P. R. S. E. &c. &c. Second Edition Revised and Improved, etc. etc. With 213 illustrations. Edited by R. Eaglesfield Griffith, M. D., etc. From Lea & Blanchard. pp. 1008.

The principles and practice of Modern Surgery. By Robert Druitt, F. R. C. S. Edited by F. W. Sargent, M. D., etc., etc., illustrated with 193 wood engravings. Lea & Blanchard. 1848. pp. 576.

A Dictionary of Medical Science, containing a concise explanation of the various subjects and terms; with the French and other synonyms: notices of climate and celebrated mineral waters: formula for various official and empirical preparations, etc.. Seventh edition, carefully revised and greatly enlarged. Lea & Blanchard: Philadelphia. 1848. pp. 912.

Females and their Diseases. A series of letters to his class. By Charles D. Meigs, M. D. Lea & Blanchard. 1848. pp. 670.

Principles of Medicine. Comprising general pathology and Therapeutics, and a brief general view of Etiology, Nosology, Semiology, Diagnosis, Prognosis, and Hygienics. By Charles J. B. Williams, M. D., F. R. S., etc. etc. Edited with additions, by Meredith Clymer, M. D., etc. etc., third American from the second Enlarged London Edition. Lea & Blanchard. 1848. pp. 440.

An account of some of the most important diseases peculiar to Women. By Robert Gooch, M. D. With Illustrations: Second Edition. Philadelphia Ed. Barryton & Geo D. Haswell. 1848. pp. 322.

A System of Clinical Medicine. By Robert James Graves, M. D., M. R. I. A., etc. etc. With Notes and a series of Lectures, by W. W. Gerhard, M. D., &c. &c., third American Edition. Philadelphia Ed. Barryton & Geo. D. Haswell. 1848. pp. 750.

Gardner's Medical Chemistry and Wilson's Anatomy, from Lea & Blanchard. Dufton on the Ear, Churchill's Midwifery, and Bartlett on Certainty in Medicine. Also our usual Exchange list.